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(54) SYSTEM AND METHOD FOR ENHANCING CARDIAC SIGNAL SENSING BY CARDIAC PACEMAKERS THROUGH GENETIC TREATMENT

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- (63) Continuation of application No. 09/896,995, filed on Jul. 2, 2001, now Pat. No. 6,801,805, which is a continuation of application No. 09/514,907, filed on Feb. 28, 2000, now Pat. No. 6,567,705, which is a continuation of application No. 08/682,433, filed on Jul. 17, 1996, now abandoned.
- (51) Int. Cl. A61N 1/05 (2006.01)

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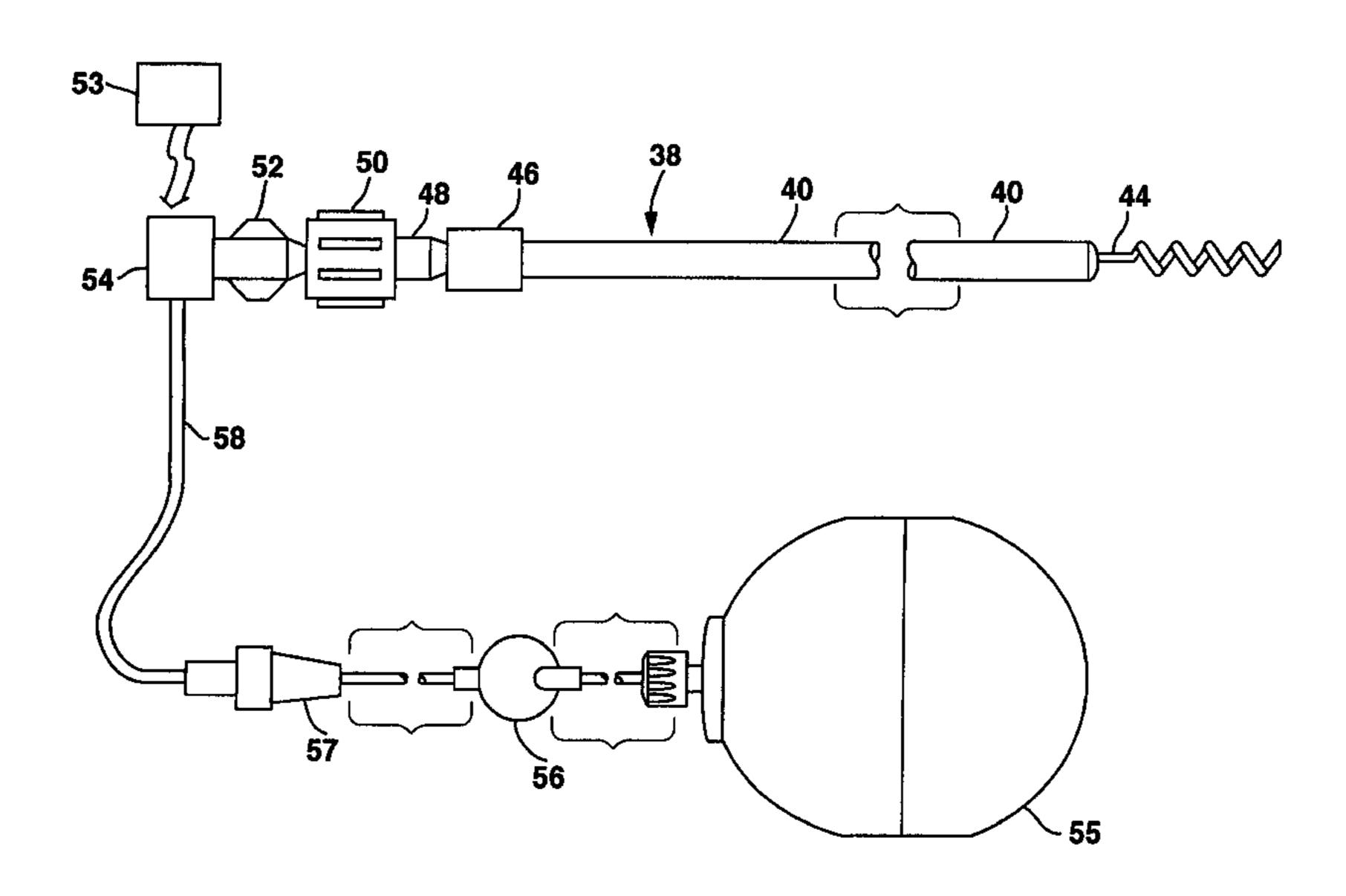
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(57) ABSTRACT

The present invention provides delivery systems for and methods of delivering ion channel protein genetic material to cardiac cells in areas adjacent to where an electrode is to be positioned in a patient's heart to improve or correct the signal to noise ratio of cardiac signals, such as the P-wave. More specifically, there is provided a system and method for delivering sodium ion channel proteins or nucleic acid molecules encoding sodium ion channel proteins to a site in the heart adjacent to an electrode to increase the expression of the same, thereby enhancing the cardiac signal amplitude and enabling improved sensing of cardiac signals by an implanted pacemaker.

14 Claims, 5 Drawing Sheets



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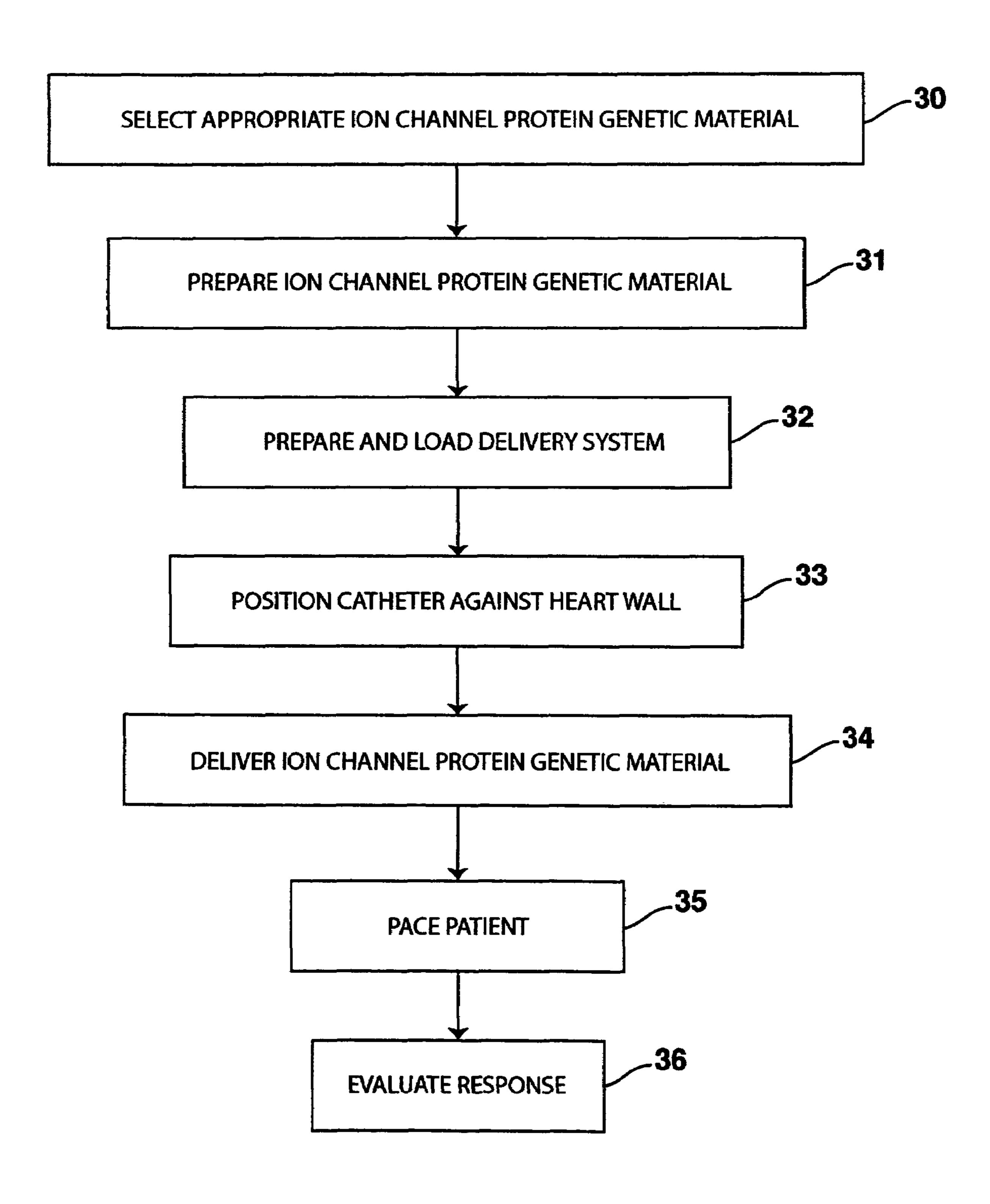
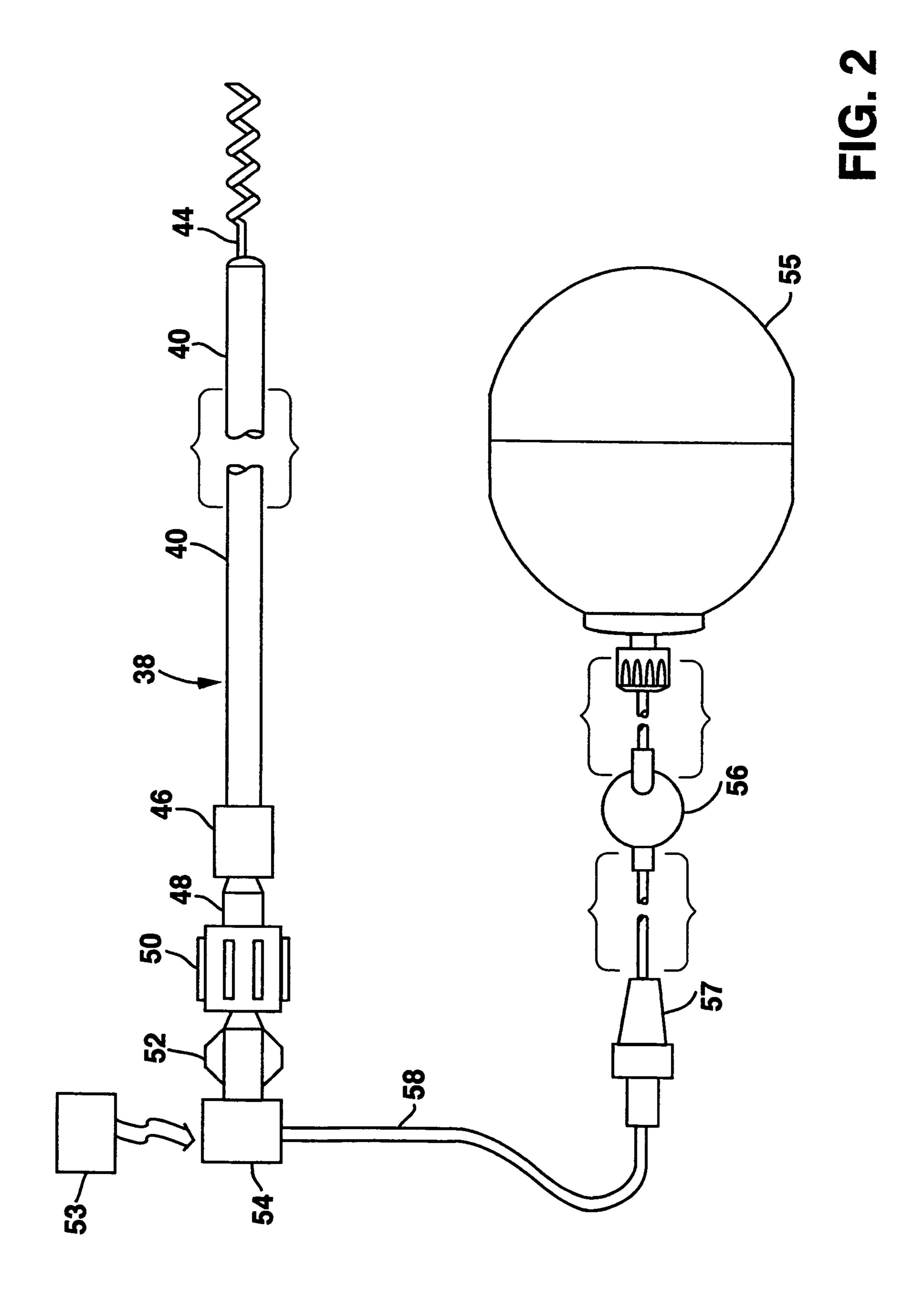
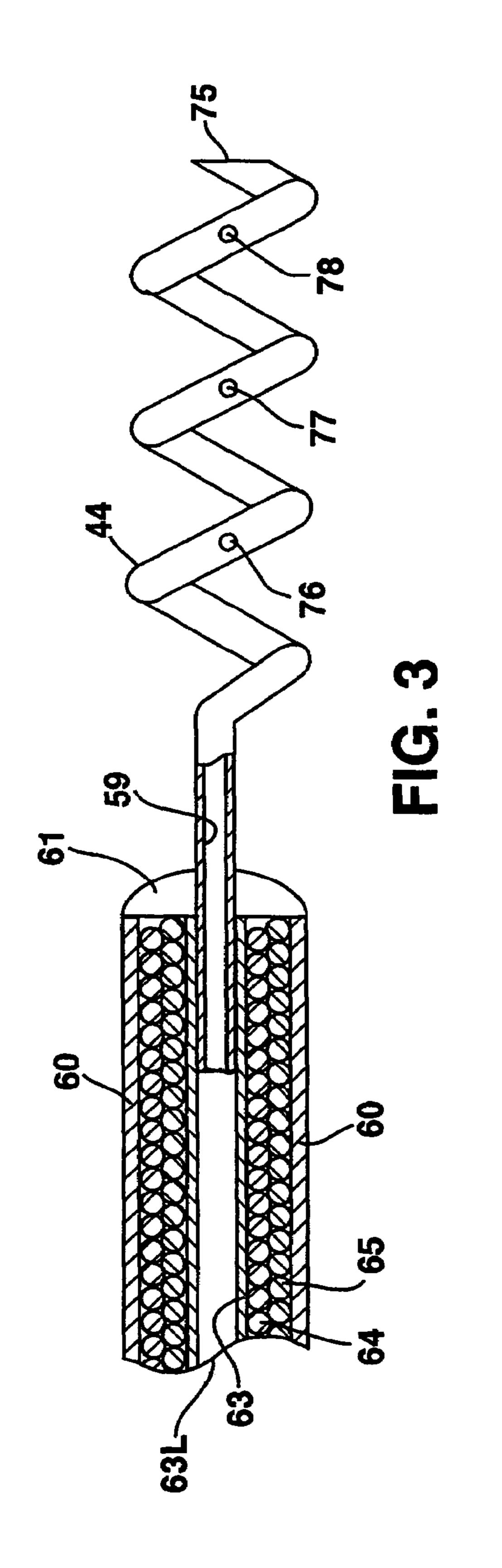
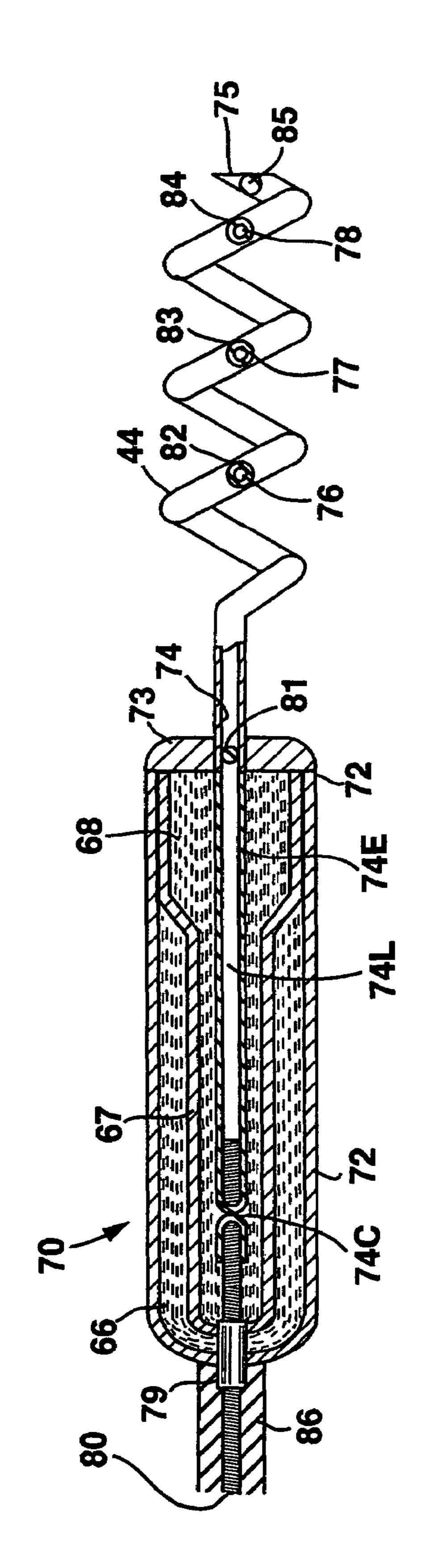


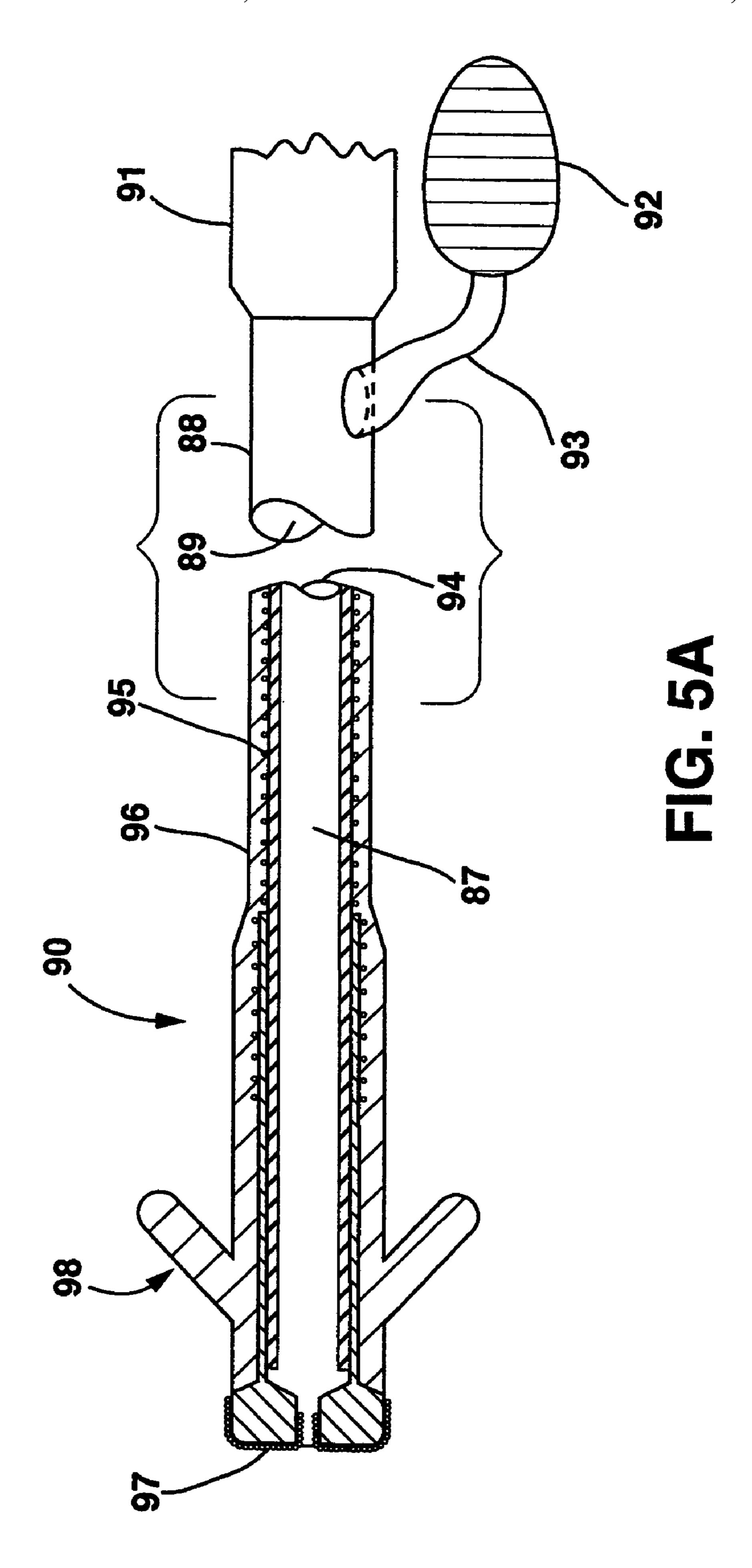
FIG. 1

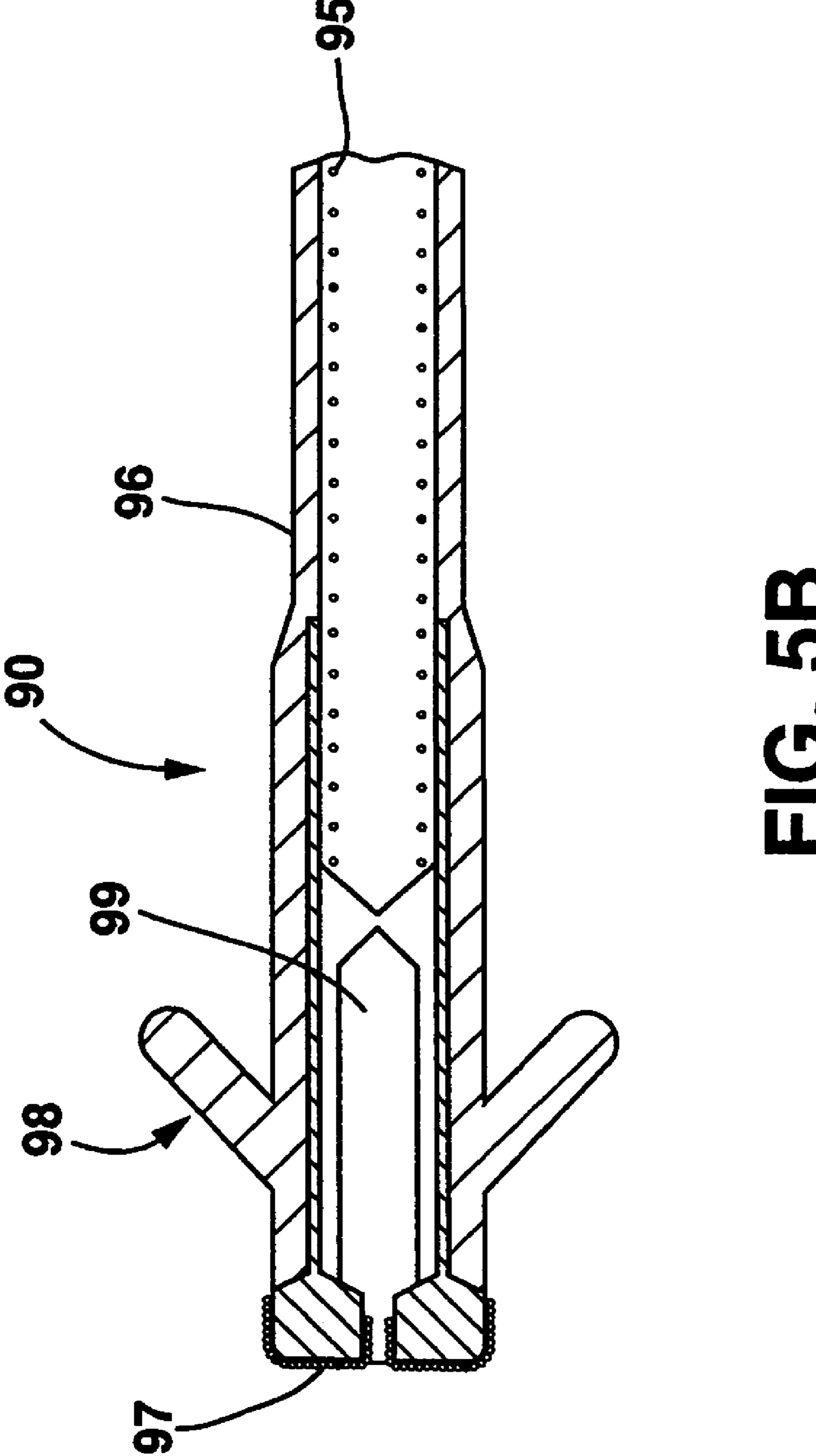






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SYSTEM AND METHOD FOR ENHANCING CARDIAC SIGNAL SENSING BY CARDIAC PACEMAKERS THROUGH GENETIC TREATMENT

The present application U.S. Ser. No. 10/852,840, filed May 26, 2004, is a continuation of U.S. Ser. No. 09/896,995, filed Jul. 2, 2001, now U.S. Pat. No. 6,801,805, which is a continuation of U.S. Ser. No. 09/514,907, filed Feb. 28, 2000, now U.S. Pat. No. 6,567,705, which is a continuation of U.S. Ser. No. 08/682,433, filed Jul. 17, 1996, now abandoned.

FIELD OF THE INVENTION

The present invention relates to systems for and methods of genetically enhancing cardiac signals for use by cardiac pacemakers and, more particularly, for enhancing the signal to noise ratio of atrial P-waves for improved pacemaker sensing.

BACKGROUND OF THE INVENTION

The cardiac pacemaker is a widely used device for treating various cardiac disorders, e.g., sick sinus syndrome, 25 "brady-tachy syndrome" and heart block. The basic function of the pacemaker is to deliver stimulus pulses to one or more of the patient's heart chambers, as and when needed, to initiate cardiac depolarizations and thus maintain a desired heart rate, or to affect improvements in cardiac output for 30 patients in heart failure. In addition to delivering stimulus pulses, another important feature is the sensing of a patient's heartbeat signals, when they occur spontaneously, for purposes of controlling the stimulus pulse delivery. Thus, the demand pacemaker inhibits delivery of a stimulus pulse and 35 resets the pulse generator in the event of sensing a timely spontaneous beat, i.e., a P-wave which is an atrial depolarization, or a QRS, or just R-wave, which is a ventricular depolarization. For example, an AAI mode pacemaker both paces and senses in just the atrium, and inhibits delivery of 40 a pace pulse if a timely P-wave is sensed. The inhibit operation necessarily depends upon reliably sensing spontaneous P-waves. In a dual chamber pacemaker, both the P-wave and R-wave are sensed. As examples of dual chamber pacemakers, see U.S. Pat. Nos. 4,920,965; 4,539,991; 45 and 4,554,921, incorporated herein by reference. A particular purpose of the dual chamber pacemaker may be to treat a block condition, where the patient's natural pacemaker is operating normally, causing timely atrial contractions, but the depolarization signal is not efficiently propagated to the 50 ventricle so as to cause a following ventricular contraction. In such a situation, the dual chamber pacemaker is designed to sense the P-wave, and deliver a synchronized ventricular stimulus pulse, i.e., a pulse which stimulates the ventricle after a timed AV delay which approximates the AV delay of 55 a healthy heart. It is seen that reliable sensing of the P-wave is vital to this type of dual chamber pacing.

In yet another type of pacemaker operation, the pacemaker operates in what is referred to a VDD mode, meaning that it paces only in the ventricle, but senses both P-waves 60 and R-waves, i.e., has single chamber pacing but dual chamber sensing. The advantage of this mode is that only one lead need be positioned in the patient's heart, since no pacing pulses are delivered to the atrium. The VDD lead has the normal electrode or electrode pair at its distal end, for 65 positioning in the ventricle; and it has a "floating" electrode (or electrode pair) proximal to the tip and positioned so that

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it is located in the atrium, for sensing the P-wave. See, for example, U.S. Pat. No. 5,127,694. However, since such a floating electrode is not necessarily embedded into or positioned adjacent the myocardium, the sensed P-wave is not as strong as for the case where a separate atrial lead is used, and consequently, the reliability of sensing the P-wave is even less.

Atrial sensing is additionally considered to be a significant problem because of the low P-wave amplitudes commonly available and the presence of relatively large far field QRS and other "noise" signals. It is commonly accepted that atrial P-wave amplitudes are relatively low compared to ventricular R-waves because of the differences in muscle mass near the electrodes. That is, ventricular R-waves are large because there is a large volume of myocardium around the electrode, whereas the atrial signal is small because the underlying tissue is relatively thin. Thus, for any pacing system which senses the P wave, such as an AAI pacer or any dual sense mode pacer, reliably sensing P-waves is a major problem for which improvement has long been sought.

With regard to the source of the P-wave, it is noted that it is not the muscle itself that is sensed, but the electric potentials resulting from the depolarization of several myocardial cells, i.e., a net positive ion flow into myocardial cells through specialized membrane proteins called voltagegated ion channels, such as the sodium channels. More muscle mass means there are more membrane channels in the area adjacent to the electrodes. However, the muscle mass adjacent to the atrial electrode cannot be increased. But the P-wave could be enhanced if the number of conducting membrane channels within the adjacent muscle mass can be increased. Sodium channels are transmembrane proteins responsible for the rapid transport of Na⁺ ions across cell membranes underlying the depolarization of the action potential in many types of cells. In particular, cardiac fast sodium channels are responsible for the fast upstroke or phase 0 of the action potential in myocardial cells. Fozzard, et al., Circ. Res., 1985, 56, 475-485. Recently, a human cardiac voltage-dependent sodium channel, hH1, has been cloned, sequenced, and functionally expressed. Gellens, et al., Proc. Natl. Acad. Sci. USA, 1992, 89, 554-558.

Gene therapy has also recently emerged as a powerful approach to treating a variety of mammalian diseases. Direct transfer of genetic material into myocardial tissue in vivo has recently been demonstrated to be an effective method of expressing a desired protein. For example, direct myocardial transfection of plasmid DNA by direct injection into the heart of rabbits and pigs (Gal, et al., *Lab. Invest.*, 1993, 68, 18-25), as well as of rats (Acsadi, et al., *The New Biol.*, 1991, 3, 71-81), has been shown to result in expression of particular reporter gene products. In addition, direct in vivo gene transfer into myocardial cells has also been accomplished by directly injecting adenoviral vectors into the myocardium. French, et al., *Circulation*, 1994, 90, 2415-2424, and PCT Publication WO 94/11506.

Pursuant to the above, this invention provides a system and method of enhancing the cardiac pacemaker atrial and/or ventricular sensing function, i.e., enhancing the signal to noise ratio of cardiac signals, and in particular the sensed P-wave, through concurrent genetic treatment whereby the number of ion channels responsible for depolarization of the atrial or ventricular myocardial cells is increased. Applicants' invention is directed to introducing ion channel protein genetic material into myocardial cells adjacent to or closest to the position of the atrial or ventricular electrode. In any particular application, the genetic

material is placed so as to provide maximum benefit for sensing P-waves, or other cardiac signals, with the pacing lead used, i.e., for an AAI pacing system, a lead which is fixated against the atrial wall.

SUMMARY OF THE INVENTION

In accordance with the above, a primary purpose of Applicants' claimed invention is to provide methods and delivery systems for enhancing cardiac pacemaker signal 10 sensing. In a particular embodiment, the claimed invention provides methods and delivery systems for enhancing cardiac pacemaker P-wave sensing. Upon identifying a patient in which the signal to noise ratio for atrial or ventricular sensing is problematic, ion channel protein genetic material 15 is selected such that expression of a selected ion channel protein in cells adjacent to the position of the atrial or ventricle electrode corrects or improves the signal to noise ratio for cardiac signal sensing. Preferably, expression of a selected ion channel protein can improve or correct the 20 signal to noise ratio for cardiac signal sensing in either or both the ventricles and atria of all persons with pacemakers, especially those persons which have been diagnosed with a low signal to noise ratio for P-wave sensing. Improvement or correction of P-wave sensing can be manifested by an 25 increase in the amplitude of the P-wave, or other characteristic of the cardiac signal, thus resulting in an increase of the signal to noise ratio of the signal sensed in the pacemaker atrial sensing channel. Delivery of the ion channel protein genetic material can be accomplished by adaptation of 30 available pacing leads, such as, for example, AAI or DDD leads, as well as by specific modification of leads and catheters. Delivery of the genetic material may be affected by a pump or may be passive.

system and method of this invention comprises recombinant nucleic acid molecules comprising a nucleic acid molecule encoding the ion channel protein inserted into a delivery vehicle, such as, for example, plasmids or adenoviral vectors, and the appropriate regulatory elements. Alternatively, 40 the ion channel protein genetic material comprises the ion channel protein itself. Expression of the desired ion channel protein from recombinant nucleic acid molecules is controlled by promoters, preferably cardiac tissue-specific promoter-enhancers, operably linked to the nucleic acid mol- 45 ecule encoding the ion channel protein. The conduction protein is preferably a sodium ion channel protein, such as, for example, the voltage-dependent sodium channel hH1, which is used to correct or improve the signal to noise ratio of cardiac signals, and in particular, atrial P-wave sensing. The ion channel protein genetic material is delivered to specific sites adjacent to the atrial or ventricular electrode within the heart by perfusion or injection of a therapeutically effective amount, which is that amount which corrects or improves the signal to noise ratio of the cardiac signal of the 55 myocardial cells adjacent to the electrode. The therapeutically effective amount can be delivered to the specific site in the heart in a single dose or multiple doses, as desired.

In carrying out the treatment provided by this invention, the patient's signal to noise ratio for a particular cardiac 60 signal, such as, for example, P-wave sensing, is first studied to determine whether such cardiac signal sensing is adequate or, rather, whether the patient presents a condition requiring adjustment, which is addressable by genetically modifying the particular cardiac signal amplitude of myocardial cells 65 adjacent the atrial or ventricular electrode in accordance with this invention. However, in a preferred embodiment, all

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patients with pacemakers may receive the treatment described herein to improve the cardiac signal sensing by their pacemakers. The appropriate ion channel protein genetic material is then selected, which step includes selection of the nucleic acid molecule encoding the ion channel protein, delivery vehicle, and the appropriate regulatory elements, etc., as noted above. It is also determined what dose is indicated for treating the problematic cardiac signal to noise ratio depending upon the extent of the noise that is diagnosed, and whether follow-up treatments require implantation of an externally controllable delivery system. The determined ion channel protein genetic material is prepared, and loaded into the delivery system. The treatment is then effected by utilizing the delivery system to deliver the therapeutic dose to the patient, e.g., either injecting the material or perfusing the selected area of the heart adjacent the atrial or ventricular electrode. After this genetic treatment, the patient is paced in a standard manner, e.g., AAI pacing or dual chamber synchronous pacing which includes sensing the patient's P-waves and delivering synchronized ventricular stimulus pulses, such as in the VDD or DDD mode.

The present invention further provides a delivery system of delivering a therapeutically effective amount of a predetermined ion channel protein genetic material to an identified cardiac signal, thus resulting in an increase of the gral to noise ratio of the signal sensed in the pacemaker rial sensing channel. Delivery of the ion channel protein genetic material being selected for amplifying the particular cardiac signal, such as, for example, the P-wave, from cardiac cells to which it is delivered, thus improving or correcting the cardiac signal to noise ratio aliable pacing leads, such as, for example, AAI or DDD ads, as well as by specific modification of leads and theters. Delivery of the genetic material may be affected a pump or may be passive.

The ion channel protein genetic material used in the stem and method of this invention comprises recombinant.

The delivery system may utilize an external reservoir for providing the genetic material, or alternately may utilize an implantable reservoir. In either embodiment, a controllable pump mechanism may be provided for transferring therapeutic doses of the genetic material from the reservoir, through a catheter or electrode, and to the selected cardiac location. The pump may be a mini or micro pump located within the delivery system. Alternatively, rather than using a pump mechanism, the ion channel protein genetic material can be passively delivered to the appropriate location adjacent the appropriate electrode. The catheter subsystem may be of a type for direct introduction into the myocardium, as with a transthoracic procedure, or, more preferably, a endocardial catheter having a distal tip portion adapted for positioning and injecting the genetic material into the myocardium from within a heart chamber. In a preferred embodiment, the catheter distal tip has a normally withdrawn helical needle, which is extendable when positioned in the vicinity of the selected site so as to be screwed into the heart. The needle is hollow and connects with the catheter lumen so as to receive the pumped genetic material; it has one or more ports located so as to effectively release the genetic material for transduction into the cardiac area adjacent the sensing electrode. In the case of an electrode subsystem, an implantable electrode is used in place of the catheter subsystem, which is able to deliver drugs, such as steroids, or other bioactive agents, such as, for example, ion channel protein genetic material. Such implantable electrodes with drug dispensing capabilities are set forth in U.S. Pat. Nos. 4,711, 251, 5,458,631, 4,360,031, and 5,496,360, each of which are incorporated herein by reference. The delivery system can

be used for one treatment and then removed, or can be implanted for subsequent treatments, in which latter case it is controllable by an external programmer type device. In another embodiment, the catheter or electrode subsystem may be combined with a pacing lead for sensing the patient's 5 cardiac signals and for providing stimulus pulses.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a flow diagram presenting the primary steps 10 involved in the practice of this invention, including selecting an appropriate genetic material, positioning delivery system against the heart wall, and expressing the genetic material in an appropriate dose into the determined location.

FIG. 2 is a schematic representation of a delivery system 15 in accordance with this invention, illustrating delivery of genetic material into a patient's heart at the chosen location using a catheter subsystem.

FIG. 3 is a schematic drawing of the distal portion of a catheter which can be used for injecting a solution carrying 20 chosen genetic material into a patient's heart.

FIG. 4 illustrates the distal end of a catheter, having a distal portion which encloses an osmotic pump.

FIG. **5**A is a schematic representation of a delivery system in accordance with this invention, having a combined catheter and pacing lead, with a separate pump;

FIG. 5B is another embodiment of a combined pacing lead and delivery catheter having a reservoir located at the distal end of the catheter.

DESCRIPTION OF THE PREFERRED **EMBODIMENTS**

Applicants' invention provides methods and delivery sysespecially the signal to noise ratio of the atrial P-wave, thus enhancing pacemaker sensing. A problematic signal to noise ratio for P-waves results from a naturally low amplitude P-wave generated in the atrium, noise from the ventricular QRS complex, muscle noise, noise from other sources, or a 40 combination thereof. The signal to noise ratio is determined by routine and conventional techniques known to the skilled artisan. Once the specific problem has been identified in a particular patient, e.g., in any patient with a pacemaker or who is to receive a pacemaker, ion channel protein genetic 45 material is selected such that expression of a selected ion channel protein corrects or improves the cardiac signal amplitude, thus improving or correcting the cardiac signal to noise ratio. The ion channel protein genetic material comprises either the ion channel protein itself or recombinant 50 nucleic acid molecules comprising a nucleic acid molecule encoding the ion channel protein inserted into a delivery vehicle, such as, for example, plasmid, cosmid, YAC vector, viral vectors, and the like, and the appropriate regulatory elements. In preferred embodiments of the present inven- 55 tion, the nucleic acid molecule encoding the ion channel protein is the full length coding sequence cDNA of an ion channel protein, and is inserted into a plasmid or adenoviral vector, such as, for example, pGEM3 or pBR322, and Ad5, respectively. The regulatory elements are capable of direct- 60 ing expression in mammalian cells, specifically human cells. The regulatory elements include a promoter and a polyadenylation signal. Expression of the desired ion channel protein is preferably controlled by cardiac tissue-specific promoter-enhancers, operably linked to the nucleic acid 65 molecule encoding the ion channel protein. The ion channel protein is preferably a sodium channel protein, such as, for

example, the hH1 voltage-regulated sodium channel, which is used to correct or improve the cardiac signal to noise ratio. The ion channel protein genetic material is preferably delivered in a pharmaceutical composition comprising, for example, the ion channel protein genetic material in a volume of phosphate-buffered saline with 5% sucrose. In some embodiments, the ion channel protein genetic material is delivered with genetic material encoding the Na⁺/K⁺ pump, which is also inserted into an appropriate delivery vehicle. The ion channel protein genetic material may also be delivered separately or in combination with class I and class IV antiarrhythmic drugs, which have been shown to increase sodium channel mRNA expression. The ion channel protein genetic material is delivered to specific sites within the heart, adjacent to the atrial or ventricular electrode, by perfusion or injection of a therapeutically effective amount, which is that amount which corrects or improves the cardiac signal to noise ratio. Preferably, the therapeutically effective amount corrects or improves the P-wave signal to noise ratio. The therapeutically effective amount can be delivered to the specific site in the heart in single or multiple doses, as desired, using the delivery systems of the invention.

The present invention also comprises a delivery system for delivering a therapeutically effective amount of ion channel protein genetic material to a specific cardiac location, adjacent the atrial or ventricular electrode, in such a way as to enhance the amplitude of the cardiac signal, thus improving or correcting the signal to noise ratio. In a first 30 embodiment, the delivery system basically comprises a reservoir subsystem for holding the genetic material, and a catheter subsystem in communication with the reservoir subsystem for placement of the genetic material in and around the identified cardiac location. In another emboditems for correcting or improving cardiac signal sensing, 35 ment, the delivery system basically comprises a reservoir subsystem for holding the genetic material, and a electrode subsystem in communication with the reservoir subsystem for placement of the genetic material in and around the identified cardiac location. As seen in the following discussion of several preferred embodiments, the reservoir subsystem and catheter subsystem or electrode subsystem may be separate, or they may be combined. Preferably the reservoir contains up to 25 ml of a genetic material for delivery to the myocardium. In some applications, only a bolus of about 0.1-10 ml, or more preferably 1-5 ml, is delivered to the targeted areas. In other applications, such as where ion channel protein is being delivered in repeated doses, 25 ml or more may be used. Also, the genetic material may be diluted in a saline solution, such as, for example, phosphate-buffered saline (PBS), the reservoir holding the diluted solution for controlled delivery. Additionally, it is to be understood that the reservoir and associated control apparatus may be either implantable or external to the body, depending upon the circumstances, e.g., whether metered doses are to be administered to the patient over a period of time, or whether the delivery of the genetic material is essentially a one time treatment.

Referring now to FIG. 1, the primary steps involved in the practice of this invention are shown in the flow diagram. The illustrated steps are performed following the initial diagnosis of a patient with a problematic P-wave signal to noise ratio, which can result from a low amplitude P-wave generated in the atrium, noise from the ventricular QRS complex, noise from other sources, or a combination thereof. Diagnosis can be accomplished, for example, by electrocardiography procedures. Preferably, the steps are performed in connection with all patients having cardiac pacemakers. As illustrated-

in block 30, the next step is to select the appropriate ion channel protein genetic material. This selection yields the "preselected genetic material." The ion channel protein genetic material is next prepared, as illustrated in block 31, by either inserting the nucleic acid molecules encoding the 5 appropriate ion channel protein into a delivery vehicle with the appropriate regulatory elements, in the case of a recombinant nucleic acid molecule, or expressing the ion channel protein from an expression vector, in the case of the ion channel protein itself. As shown in block 32, the next step is 10 to prepare and load the delivery system with a therapeutically effective amount of the ion channel protein genetic material. As illustrated in block 33, the next step comprises inserting the catheter, or other delivery subsystem, such as, for example, the electrode subsystem, into the patient's heart 15 and positioning it against the heart wall. As shown in block 34, the next step comprises administering the therapeutically effective amount to the patient by contacting the appropriate location in the heart, adjacent to the atrial or ventricular electrode, using the delivery system described herein. An 20 alternative method of administering the therapeutically effective amount of the ion channel protein genetic material is to directly inject the heart of the patient. The next step, shown in block 35, is to pace the patient in a standard manner, e.g., dual chamber synchronous pacing which 25 includes sensing the patient's P-waves and delivering synchronized ventricular stimulus pulses, or AAI pacing. In accordance with this step, it may be preferable to adjust the sensitivity of the atrial or ventricular sensing channel in accordance with the observed cardiac signal amplitude. The 30 final step 36, which is optional, is to evaluate the response of the patient to the treatment by, for example, measuring the amplitude of the cardiac signal, such as, for example, the P-wave, by conventional electrocardiographic techniques, such as, for example, by telemetry from the implanted pulse 35 generator. The sensitivity can then be adjusted accordingly.

Referring now to FIG. 2, there is shown an illustrative embodiment of a delivery system useful for certain applications of this invention, e.g., where larger amounts of genetic material alone or in solution are employed. A cath- 40 eter 38, preferably a transvenous catheter, includes an elongated catheter body 40, suitably an insulative outer sheath which may be made of polyurethane, Teflon, silicone, or any other acceptable biocompatible plastic. The catheter has a standard lumen (illustrated in FIG. 3) extending there- 45 through for the length thereof, which communicates through to a hollow helical needle element 44, which is adapted for screwing into the patient's myocardium. The outer distal end of helical element 44 is open or porous, thus permitting genetic material in fluid form to be dispensed out of the end, 50 as is discussed in more detail below in connection with FIG. 3. At the proximal end of the catheter, a fitting 46 is located, to which a Luer lock **48** is coupled. Luer lock **48** is coupled to the proximal end of sheath 40 and receives the lumen. A swivel mount 50 is mounted to Luer lock 48, allowing 55 rotation of the catheter relative to Luer lock **52**. Luer lock **52** in turn is coupled through control element 54 to a tube 58 which communicates with reservoir 55, suitably through flow control **57** and filter **56**. Reservoir **55** holds a supply of the selected genetic material. Control elements **57** and **54** are 60 used for adjustment of the pressure and flow rate, and may be mechanically or electronically controlled. Thus, unit 54 or 57 may be used to control either rate of delivery, or dosage size, or both. Control unit **54** may be programmed to automatically release predetermined doses on a timed basis. 65 Further, for an implanted system, control unit **54** may be activated from an external programmer as illustrated at 53.

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Reference is made to international application published under the PCT, International Publication No. WO 95/05781, incorporated herein by reference, for a more detailed description of such a reservoir and catheter combination. It is to be understood that such a system is useful for this invention primarily for applications where larger fluid amounts are to be expressed, e.g., where a diluted saline solution is used to wash or perfuse a selected area.

Referring now to FIG. 3, there is shown in expanded detail a schematic of the distal end of the catheter of FIG. 2, illustrating the interconnection of the helical element 44 with the interior of the catheter. As illustrated, the helical needle 44 is provided with an internal lumen 59 which is in communication with the internal lumen 63L of the lead formed by tube 63. In this embodiment, helical element 44 may also be a pacing electrode, in which case it is formed of conductive material and welded, or otherwise fastened, to tip element 61. Tip element 61 in turn is electrically connected to coil or coils 64, 65, which extend the length of the lead and are connected to a pacemaker. An outer membrane 60 forms the outer wall of elongated catheter body 40, shown in FIG. 2. Further referring to FIG. 3, element 44 has an outlet 75 where the genetic material may be expressed, and holes or ports 76, 77, and 78 may also be utilized for providing exits for the genetic material which is supplied through lumen 59 under a suitable pressure of zero up to about one atmosphere from reservoir 55 (shown in FIG. 2) and the control elements.

In practice, a catheter **38** of the form illustrated in FIGS. 2 and 3 is advanced to the desired site for treatment, eg, adjacent the site where the sensing electrode is to be positioned. The catheter may be guided to the indicated location by being passed down a steerable or guidable catheter having an accommodating lumen, for example as disclosed in U.S. Pat. No. 5,030,204; or by means of a fixed configuration guide catheter such as illustrated in U.S. Pat. No. 5,104,393. Alternately, the catheter may be advanced to the desired location within the heart by means of a deflectable stylet, as disclosed in PCT Patent Application WO 93/04724, published Mar. 18, 1993, or by a deflectable guide wire as disclosed in U.S. Pat. No. 5,060,660. In yet another embodiment, the helical element 44 may be ordinarily retracted within a sheath at the time of guiding the catheter into the patient's heart, and extended for screwing into the heart by use of a stylet. Such extensible helical arrangements are well known in the pacing art, and are commercially available.

It is to be understood that other forms of the reservoir subsystems and catheter subsystems are within the scope of this invention. Reservoir embodiments include, for example, drug dispensing irrigatable electrodes, such as those described in U.S. Pat. No. 4,360,031; electrically controllable, non-occluding, body implanting drug delivery system, such as those described in U.S. Pat. No. 5,041,107; implantable drug infusion reservoir such as those described in U.S. Pat. No. 5,176,641; medication delivery devices such as those described in U.S. Pat. No. 5,443,450; infusion pumps, such as SYNCHROMED® made by Medtronic, Inc.; and osmotic pumps, such as those made by Alza.

Referring now to FIG. 4, there is shown, by way of illustration, another embodiment of a delivery system having a combined catheter and reservoir, useful for applications involving delivery of a relatively small bolus of genetic material, e.g., 1-5 ml. FIG. 4 illustrates the distal end of a catheter, having a distal portion 70 which encloses an osmotic pump. See U.S. Pat. No. 4,711,251, assigned to Medtronic, Inc., incorporated herein by reference. The pump

includes an inner chamber 68 and an outer chamber 66, which chambers are separated by an impermeable membrane 67. A semi-permeable outer membrane 72 forms the outer wall of chamber 66. The tubular portion 74 of the helical member connects to lumen 74L within inner chamber 5 68. A conductor 80, which runs the length of the catheter, extends into the inner chamber 68 and connects with extension 74E as shown at 74C to provide electrical contact through to element 44, in an application which the element 44 is used as a pacing electrode. A insulating cover 86 10 encompasses the conductor 80 from the point of contact with the semi-permeable outer membrane 72 distally. A seal 79 is provided at the point where the conductor passes through outer membrane 72 and inner membrane 67. An end cap 73, which may be integral with outer membrane 72 closes the 15 chamber. Alternately, end cap 73 may be constructed to elute a predetermined medication, such as, for example, steroids. Steroids, such as dexamethasone sodium phosphate, beclamethasone, and the like, are used to control inflammatory processes.

In this arrangement, prior to inserting the catheter distal end into the patient's heart, the inner chamber 68 is charged with the genetic material which is to be dispensed into the myocardium. This may be done, for example, by simply inserting a micro needle through end cap 73, and inserting 25 the desired bolus of genetic material into chamber 68. After the chamber 68 is filled and the is catheter is implanted, body fluids will enter chamber 66 through membrane 72 to impart a pressure on the inner chamber 68 via the impermeable membrane 67. This results in a dispensing of the genetic 30 material stored within chamber 68 through the lumen 74L of extension 74E and through the outlet 75 of the helical element 44. Although the preferred needle or element 44 is helical, additional configurations of needles or elements can also be used as known to those skilled in the art.

Still referring now to FIG. 4, there is illustrated another embodiment of a catheter tip useful for delivering a small bolus of the selected genetic material. In this embodiment, the bolus of material is stored within the hollow interior of distal needle 44, i.e., the interior is the reservoir. The interior 40 reservoir is maintained sealed by use of a soluble material which is normally solid, but which dissolves when subjected to body fluids for a period of time. An example of such material is mannitol. Plugs or globules **81-85** of mannitol are illustrated (by dashed lines) in place to block the two ends 45 of element 44, as well as the ports 76, 77, 78. This may be combined with an osmotic pump, as described in connection with FIG. 3, where the outer chamber is filled with a saline solution which forces the genetic material out of the ports of element 44. Another alternate embodiment, not shown, is to 50 use a stylet which inserted through to the distal end of the catheter, to push a piston which aids in expressing the genetic material into the myocardial cells. Alternatively, the piston can be driven by a micro pump. In another embodiment, the genetic material contacts the myocardial cells by 55 passive delivery.

Referring now to FIG. **5**A, there is shown, by way of illustration, another embodiment of an implantable delivery system comprising a combined pacing lead and delivery catheter, hereinafter referred to simply as a catheter. In this 60 embodiment, the catheter **90** is combined with a pacemaker or pulse generator (not shown) and a source of genetic material such as illustrated by pump **92** which is suitably implanted near the pacemaker. The proximal end **91** of the catheter is connected to the pacemaker in the standard 65 fashion. The genetic material is delivered through connecting tube **93** to a proximal section **88** of the catheter,

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communicating with lengthwise catheter lumen illustrated at 89. Alternately, the pacemaker head may contain a reservoir and micropump, for providing delivery of the genetic material directly to the lumen 89. The main length of the catheter has an outside sheath of biocompatible insulating material 96, and at least one conductor coil 95 which communicates electrically from the pacemaker to electrode 97 at the distal tip of the catheter. The catheter further comprises an axially positioned polymeric cannula 94, having lumen 87, through at least a portion of the catheter length and positioned within coil 95, which provides an inner surface for the catheter lumen. The cannula terminates at the distal end of the catheter, just proximal to the tip portion of electrode 97, which is illustrated as having an outer porous surface. Electrode 97 has a central opening, shown covered with the porous electrode material, through which genetic material can pass when the catheter is positioned in the patient. As shown, conductor coil 95 is electrically connected to electrode 97, and connects pace pulses and sensed cardiac signals between the pacemaker and the electrode. Of course, for a bipolar embodiment, the lead/catheter 90 carries a second electrode (not shown), suitably a ring electrode just proximal to electrode 97. Also, as illustrated, a fixation mechanism such as tines 98 are employed for fixing or anchoring the distal tip to the heart wall of the patient.

In one embodiment, pump 92 is suitably an osmotic minipump, which pumps fluid contained within through tube 93, into catheter portion 88 and through the lumens 89, 87 to the tip electrode 97. As mentioned previously, the reservoir and pump may alternately be mounted in the pacemaker device itself. In either instance, the genetic material is delivered under very minimal pressure from the reservoir through the lumen of the catheter to the electrode, where it is passed through the electrode central channel to contact 35 myocardial cells. In yet another embodiment, the lumen portion 87 provided by the cannula is utilized as the reservoir. In this embodiment, delivery may either be passive, or with the aid of a micropump (not shown). The genetic material can be preloaded into the cannula, or it can be inserted by a needle just before the catheter is introduced and positioned with the patient.

In another embodiment, as illustrated in FIG. 5B, a chamber 99 is provided just proximal from eluting electrode 97, and serves as the reservoir of the genetic material. Insulating material 96 is formed from a self-sealing material such that it may be pierced with a needle, or the like, and reseal itself, thus allowing introduction of the genetic material into the chamber prior to implantation. Alternately, insulating material 96 can contain a port (not shown) through which the needle inserts the genetic material. In this embodiment, delivery of the material is without a pump, i.e., passive, the material draining slowly through the microporous portion of electrode 97.

The above described delivery systems can be used, for example, in methods of pacing and enhancing the detectability of sensed cardiac signals. A supply of a genetic material of the class having the property of increasing the expression of ion channels in cardiac cells to which it is delivered is selected. A transvenous catheter, having proximal and distal ends and a pacing electrode at the distal end, is introduced into the patient. The distal end of the catheter is positioned against the patient's heart wall and the genetic material is delivered through the catheter and out of the distal end, to the cardiac cells adjacent the pacing electrode, thereby enhancing cardiac signals produced by the cells. Normal cardiac pacing is carried out with the pacemaker and connected catheter implanted in the patient.

Although a transvenous form of delivery system is preferred, it is to be understood that the invention can employ other methods and devices. For example, a small bolus of selected genetic material can be loaded into a micro-syringe, e.g., a 100 µl Hamilton syringe, and applied directly from the 5 outside of the heart.

As used herein, the phrase "cardiac signal" refers to any cardiac signal that is detectable and includes, but is not limited to, the P-wave.

As used herein, the phrase "signal to noise ratio" refers to 10 the ratio of the amplitude of the cardiac signal, such as, for example, the P-wave, to the amplitude of the "noise." In addition, the signal to noise ratio can be measured for other cardiac signals as well. Sources of "noise" include, but are not limited to, the QRS complex and muscle noise. It is 15 desirable to establish a high signal to noise ratio, i.e., a signal to noise ratio of greater than 1:1 for unipolar leads and greater than 3:1 for bipolar leads. It is even more preferred to establish a signal to noise ratio greater than 10:1.

As used herein, the phrase "ion channel protein genetic 20" material" refers to recombinant nucleic acid molecules encoding an ion channel protein or, alternatively, an ion channel protein itself, which is used in the methods and delivery systems of the invention. For chronic treatment, or long term treatment, the ion channel protein genetic material 25 will be in the form of recombinant nucleic acid molecules encoding the ion channel protein. In contrast, for acute treatment, or short term treatment, the ion channel protein genetic material will be in the form of the ion channel proteins themselves.

A "recombinant nucleic acid molecule", as used herein, is comprised of an isolated ion channel protein-encoding nucleotide sequence inserted into a delivery vehicle. Regulatory elements, such as the promoter and polyadenylation encoding the ion channel protein, whereby the protein is capable of being produced when the recombinant nucleic acid molecule is introduced into a cell.

The nucleic acid molecules encoding the ion channel proteins are prepared synthetically or, preferably, from iso-40 lated nucleic acid molecules, as described below. A nucleic acid is "isolated" when purified away from other cellular constituents, such as, for example, other cellular nucleic acids or proteins, by standard techniques known to those of ordinary skill in the art. The coding region of the nucleic 45 acid molecule encoding the ion channel protein can encode a full length gene product or a sub fragment thereof, or a novel mutated or fusion sequence. The protein coding sequence can be a sequence endogenous to the target cell, or exogenous to the target cell. The promoter, with which the 50 coding sequence is operably associated, may or may not be one that normally is associated with the coding sequence.

The nucleic acid molecule encoding the ion channel protein is inserted into an appropriate delivery vehicle, such as, for example, an expression plasmid, cosmid, YAC vector, 55 and the like. Almost any delivery vehicle can be used for introducing nucleic acids into the cardiovascular system, including, for example, recombinant vectors, such as one based on adenovirus serotype 5, Ad5, as set forth in French, et al., Circulation, 1994, 90, 2414-2424, which is incorpo- 60 rated herein by reference. An additional protocol for adenovirus-mediated gene transfer to cardiac cells is set forth in WO 94/11506, Johns, J. Clin. Invest., 1995, 96, 1152-1158, and in Barr, et al., *Gene Ther.*, 1994, 1, 51-58, both of which are incorporated herein by reference. Other recombinant 65 vectors include, for example, plasmid DNA vectors, such as one derived from pGEM3 or pBR322, as set forth in Acsadi,

et al., *The New Biol.*, 1991, 3, 71-81, and Gal, et al., *Lab*. *Invest.*, 1993, 68, 18-25, both of which are incorporated herein by reference, cDNA-containing liposomes, artificial viruses, nanoparticles, and the like. It is also contemplated that ion channel proteins be injected directly into the myocardium.

The regulatory elements of the recombinant nucleic acid molecules of the invention are capable of directing expression in mammalian cells, specifically human cells. The regulatory elements include a promoter and a polyadenylation signal. In addition, other elements, such as a Kozak region, may also be included in the recombinant nucleic acid molecule. Examples of polyadenylation signals useful to practice the present invention include, but are not limited to, SV40 polyadenylation signals and LTR polyadenylation signals. In particular, the SV40 polyadenylation signal which is in pCEP4 plasmid (Invitrogen, San Diego, Calif.), referred to as the SV40 polyadenylation signal, can be used.

The promoters useful in constructing the recombinant nucleic acid molecules of the invention may be constitutive or inducible. A constitutive promoter is expressed under all conditions of cell growth. Exemplary constitutive promoters include the promoters for the following genes: hypoxanthine phosphoribosyl transferase (HPRT), adenosine deaminase, pyruvate kinase, β-actin, human myosin, human hemoglobin, human muscle creatine, and others. In addition, many viral promoters function constitutively in eukaryotic cells, and include, but are not limited to, the early and late promoters of SV40, the Mouse Mammary Tumor Virus 30 (MMTV) promoter, the long terminal repeats (LTRs) of Maloney leukemia virus, Human Immunodeficiency Virus (HIV), Cytomegalovirus (CMV) immediate early promoter, Epstein Barr Virus (EBV), Rous Sarcoma Virus (RSV), and other retroviruses, and the thymidine kinase promoter of signal, are operably linked to the nucleotide sequence 35 herpes simplex virus. Other promoters are known to those of ordinary skill in the art.

> Inducible promoters are expressed in the presence of an inducing agent. For example, the metallothionein promoter is induced to promote (increase) transcription in the presence of certain metal ions. Other inducible promoters are known to those of ordinary skill in the art.

> Promoters and polyadenylation signals used must be functional within the cells of the mammal. In order to maximize protein production, regulatory sequences may be selected which are well suited for gene expression in the cardiac cells into which the recombinant nucleic acid molecule is administered. For example, the promoter is preferably a cardiac tissue-specific promoter-enhancer, such as, for example, cardiac isoform troponin C (cTNC) promoter. Parmacek, et al., J. Biol. Chem., 1990, 265, 15970-15976, and Parmacek, et al., *Mol. Cell Biol.*, 1992, 12, 1967-1976. In addition, codons may be selected which are most efficiently transcribed in the cell. One having ordinary skill in the art can produce recombinant nucleic acid molecules which are functional in the cardiac cells.

> Genetic material can be introduced into a cell or "contacted" by a cell by, for example, transfection or transduction procedures. Transfection refers to the acquisition by a cell of new genetic material by incorporation of added nucleic acid molecules. Transfection can occur by physical or chemical methods. Many transfection techniques are known to those of ordinary skill in the art including: calcium phosphate DNA co-precipitation; DEAE-dextran DNA transfection; electroporation; naked plasmid adsorption, and cationic liposome-mediated transfection. Transduction refers to the process of transferring nucleic acid into a cell using a DNA or RNA virus. Suitable viral vectors for use as transducing

agents include, but are not limited to, retroviral vectors, adeno associated viral vectors, vaccinia viruses, and Semliki Forest virus vectors.

Treatment of cells, or contacting cells, with recombinant nucleic acid molecules can take place in vivo or ex vivo. For 5 ex vivo treatment, cells are isolated from an animal (preferably a human), transformed (i.e., transduced or transfected in vitro) with a delivery vehicle containing a nucleic acid molecule encoding an ion channel protein, and then administered to a recipient. Procedures for removing cells from 10 mammals are well known to those of ordinary skill in the art. In addition to cells, tissue or the whole or parts of organs may be removed, treated ex vivo and then returned to the patient. Thus, cells, tissue or organs may be cultured, bathed, perfused and the like under conditions for introducing the 15 recombinant nucleic acid molecules of the invention into the desired cells.

For in vivo treatment, cells of an animal, preferably a mammal and most preferably a human, are transformed in vivo with a recombinant nucleic acid molecule of the 20 invention. The in vivo treatment may involve systemic intravenous treatment with a recombinant nucleic acid molecule, local internal treatment with a recombinant nucleic acid molecule, such as by localized perfusion or topical treatment, and the like. When performing in vivo administration of the recombinant nucleic acid molecule, the preferred delivery vehicles are based on noncytopathic eukaryotic viruses in which nonessential or complementable genes have been replaced with the nucleic acid sequence of interest. Such noncytopathic viruses include retroviruses, the life 30 cycle of which involves reverse transcription of genomic viral RNA into DNA with subsequent proviral integration into host cellular DNA. Retroviruses have recently been approved for human gene therapy trials. Most useful are those retroviruses that are replication-deficient (i.e., capable 35 of directing synthesis of the desired proteins, but incapable of manufacturing an infectious particle). Such genetically altered retroviral expression vectors have general utility for high-efficiency transduction of genes in vivo. Standard protocols for producing replication-deficient retroviruses (in- 40 cluding the steps of incorporation of exogenous genetic material into a plasmid, transfection of a packaging cell line with plasmid, production of recombinant retroviruses by the packaging cell line, collection of viral particles from tissue culture media, and infection of the target cells with viral 45 particles) are provided in Kriegler, M. "Gene Transfer and Expression, a Laboratory Manual", W. H. Freeman Co., New York (1990) and Murry, E. J. e.d. "Methods in Molecular Biology", Vol. 7, Humana Press, Inc., Clifton, N.J. (1991).

A preferred virus for contacting cells in certain applications, such as in in vivo applications, is the adeno-associated virus, a double-stranded DNA virus. The adeno-associated virus can be engineered to be replication deficient and is capable of infecting a wide range of cell types and species. 55 It further has advantages such as heat and lipid solvent stability, high transduction frequencies in cells of diverse lineages, including hemopoietic cells, and lack of superinfection inhibition thus allowing multiple series of transductions. Recent reports indicate that the adeno-associated virus 60 can also function in an extrachromosomal fashion.

In preferred embodiments of the present invention, the recombinant nucleic acid molecules comprising nucleic acid molecules encoding the ion channel proteins, or, in the alternative, the ion channel proteins, are delivered to cardiac 65 cells adjacent the atrial or ventricular electrode, or both, using the delivery systems set forth above. Alternatively, the

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ion channel protein genetic material is delivered to the cardiac cells by direct injection.

In preferred embodiments of the present invention, the nucleic acid molecules encoding the ion channel proteins comprise the full length coding sequence cDNA of an ion channel protein. Preferably, the ion channel proteins are sodium channel proteins; more preferably, the ion channel protein is the voltage-regulated sodium channel hH1. Such a nucleic acid molecule is described in the Gellens, et al., *Proc. Natl. Acad. Sci. USA*, 1992, 89, 554-558, and White, et al., *Mol. Pharmacol.*, 1991, 39, 604-608 references, both of which are incorporated herein by reference, which contain the full length amino acid sequence and cDNA sequence, respectively.

Introduction of the ion channel-encoding nucleic acid molecules or the ion channel proteins to cardiac cells adjacent the atrial or ventricular electrode will result in increased expression of sodium channels, producing a larger cardiac signal, such as, for example, P-wave, and thus, an improved or corrected signal to noise ratio.

Nucleic acid molecules comprising nucleotide sequences encoding hH1 sodium channel are isolated and purified according to the methods set forth in Gellens, et al., *Proc. Natl. Acad. Sci. USA*, 1992, 89, 554-558, and White, et al., *Mol. Pharmacol.*, 1991, 39, 604-608. The nucleic acid and protein sequences of hH1 sodium channel are set forth in SEQ ID NO:1 and SEQ ID NO:2, respectively. It is contemplated that nucleic acid molecules comprising nucleotide sequences that are preferably at least 70% homologous, more preferably at least 80% homologous, and most preferably at least 90% homologous to the ion channel nucleotide sequences described in SEQ ID NO:1 can also be used.

It is understood that minor modifications of nucleotide sequence or the primary amino acid sequence may result in proteins which have substantially equivalent or enhanced activity as compared to the ion channel proteins exemplified herein. These modifications may be deliberate, as through site-directed mutagenesis, or may be accidental such as through mutations in hosts which produce the ion channel proteins. A "mutation" in a protein alters its primary structure (relative to the commonly occurring or specifically described protein) due to changes in the nucleotide sequence of the DNA which encodes it. These mutations specifically include allelic variants. Mutational changes in the primary structure of a protein can result from deletions, additions, or substitutions. A "deletion" is defined as a polypeptide in which one or more internal amino acid residues are absent as compared to the native sequence. An "addition" is defined as a polypeptide which has one or more additional internal amino acid residues as compared to the wild type protein. A "substitution" results from the replacement of one or more amino acid residues by other residues. A protein "fragment" is a polypeptide consisting of a primary amino acid sequence which is identical to a portion of the primary sequence of the protein to which the polypeptide is related.

Preferred "substitutions" are those which are conservative, i.e., wherein a residue is replaced by another of the same general type. As is well understood, naturally-occurring amino acids can be subclassified as acidic, basic, neutral and polar, or neutral and nonpolar and/or aromatic. It is generally preferred that encoded peptides differing from the native form contain substituted codons for amino acids which are from the same group as that of the amino acid replaced. Thus, in general, the basic amino acids Lys, Arg, and Histidine are interchangeable; the acidic amino acids Asp and Glu are interchangeable; the neutral polar amino acids Ser, Thr, Cys, Gln, and Asn are interchangeable; the

nonpolar aliphatic acids Gly, Ala, Val, Ile, and Leu are conservative with respect to each other (but because of size, Gly and Ala are more closely related and Val, Ile and Leu are more closely related), and the aromatic amino acids Phe, Trp, and Tyr are interchangeable.

While Pro is a nonpolar neutral amino acid, it represents difficulties because of its effects on conformation, and substitutions by or for Pro are not preferred, except when the same or similar conformational results can be obtained. Polar amino acids which represent conservative changes 10 include Ser, Thr, Gln, Asn; and to a lesser extent, Met. In addition, although classified in different categories, Ala, Gly, and Ser seem to be interchangeable, and Cys additionally fits into this group, or may be classified with the polar neutral amino acids. Some substitutions by codons for amino acids 15 from different classes may also be useful.

Once the nucleic acid molecules encoding the ion channel proteins are isolated and purified according to the methods described above, recombinant nucleic acid molecules are prepared in which the desired ion channel nucleic acid 20 molecule is incorporated into a delivery vehicle by methods known to those skilled in the art, as taught in, for example, Sambrook et al., Molecular Cloning: A Laboratory Manual, Second Ed. Cold Spring Harbor Press (1989). Preferred delivery vehicles include, for example, plasmids (Acsadi, et 25 al., The New Biol., 1991, 3, 71-81, and Gal, et al., Lab. *Invest.*, 1993, 68, 18-25, both of which are incorporated herein by reference) and adenovirus (WO 94/11506, Johns, J. Clin. Invest., 1995, 96, 1152-1158, and in Barr, et al., Gene Ther., 1994, 1, 51-58, each of which are incorporated 30 herein by reference). The nucleic acid molecules encoding ion channel proteins, or ion channel proteins produced therefrom, are delivered to the cardiac cells adjacent to the atrial electrode by the delivery systems of the present invention. Thus, such delivery systems of the present invention are used to contact the cardiac cells adjacent the atrial electrode with recombinant nucleic acid molecules encoding an ion channel protein, or ion channel proteins.

Where the ion channel protein genetic material is in the form of ion channel proteins, such proteins can be prepared 40 in large quantities by using various standard expression systems known to those skilled in the art. Sambrook et al., *Molecular Cloning: A Laboratory Manual*, Second Ed. Cold Spring Harbor Press (1989), pp. 16.1-16.55, incorporated herein by reference.

The recombinant nucleic acid molecules or ion channel proteins are preferably delivered in a pharmaceutical composition. Such pharmaceutical compositions can include, for example, the recombinant nucleic acid molecule or protein in a volume of phosphate-buffered saline with 5% sucrose. 50 In other embodiments of the invention, the recombinant nucleic acid molecule or protein is delivered with suitable pharmaceutical carriers, such as those described in the most recent edition of Remington's Pharmaceutical Sciences, A. Osol, a standard reference text in this field. The recombinant 55 nucleic acid molecule or protein is delivered in a therapeutically effective amount. Such amount is determined experimentally and is that amount which either improves or corrects the P-wave signal to noise ratio by enhancing the P-wave amplitude as a result of the increased expression of 60 sodium channels in the cardiac cells adjacent the atrial or ventricular electrode. The amount of recombinant nucleic acid molecule or protein is preferably between 0.01 µg and 100 mg, more preferably between 0.1 μg and 10 mg, more preferably between 1 µg and 1 mg, and most preferably 65 between 10 μg and 100 μg. A single therapeutically effective amount is referred to as a bolus. Where adenovirus vectors

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are used, the amount of recombinant nucleic acid molecule is preferably between 10⁷ plaque forming units (pfu) and 10¹⁵ pfu, more preferably between 10⁸ pfu and 10¹⁴ pfu, and most preferably between 10⁹ pfu and 10¹² pfu. A single therapeutically effective amount of ion channel protein genetic material is referred to as a bolus. In some embodiments of the present invention, the delivery of the recombinant nucleic acid molecules or proteins is combined with steroid elution, such as with dexamethasone sodium phosphate, beclamethasone, and the like, to control inflammatory processes.

In some embodiments of the invention, it may be preferred to administer, in addition to ion channel protein genetic material, delivery vehicle encoding the Na⁺/K⁺ pump. The Na⁺/K⁺ pump acts to discharge Na⁺ ions from the myocardial cells that have accumulated as a result of the introduction of the ion channel protein genetic material. This treatment can be optional, as determined by the skilled practitioner. cDNA encoding the alpha and beta subunits of the human Na⁺/K⁺ pump are set forth in Kawakami, et al., J. Biochem., 1986, 100, 389-397, and Kawakami, et al., Nuc. Acids Res., 1986, 14, 2833-2844, both of which are incorporated herein by reference. The nucleic acid and amino acid sequences for the alpha subunit are set forth in SEQ ID NO:5 and SEQ ID NO:6, respectively. The nucleic acid and amino acid sequences for the beta subunit are set forth in SEQ ID NO:7 and SEQ ID NO:8, respectively. The delivery vehicles for the pump subunits can be constructed from cDNA libraries in the same manner as set forth for hH1, except that the forward primer 5'-ATGGGGAAGGGGGTTGGACGT-GAT-3' (SEQ ID NO:9) and reverse primer 5'-ATAGTAG-GTTTCCTTCTCCACCCA-3' (SEQ ID NO:10) for the alpha subunit, and the forward primer 5'-ATGGCCCGCGG-GAAAGCCAAGGAG-3' (SEQ ID NO:11)and reverse primer 5'-GCTCTTAACTTCAATTTTTACATC-3' (SEQ ID NO:12) for the beta subunit are used. It is understood that other primers can be used in addition to those set forth herein, as is well known to the skilled artisan. A therapeutically effective amount of the genetic material encoding the Na⁺/K⁺ pump is delivered to the myocardial cells using the delivery systems described herein. The therapeutically effective amount is determined by the practitioner, and depends upon the results achieved with the ion channel protein genetic material.

In preferred embodiments of the invention, the recombinant nucleic acid molecules encoding the ion channel proteins is delivered with class I and/or class IV antiarrhythmic drugs, such as, for example, verapamil, mexiletine, and the like, or combinations thereof. These drugs may be delivered subcutaneously, intravenously, injected in the immediate vicinity of the atrial electrode, or as determined by the skilled artisan. These drugs may be delivered by one injection, or in multiple injections. The amount of antiarrhythmic drugs depends upon the age, weight, sex, and other characteristics of the patient, and is determined empirically by the skilled artisan. Class I and/or class IV antiarrhythmic drugs have been shown to enhance sodium ion channel expression in mammals. Duff, et al., Mol. Pharmacol., 1992, 42, 570-574, and Taouis, et al., *J. Clin. Invest.*, 1991, 88, 375-378, both of which are incorporated herein by reference.

The following examples are meant to be exemplary of the preferred embodiments of the invention and are not meant to be limiting.

17 EXAMPLES

Example 1

Isolation and Purification of Nucleic Acid Molecule Encoding hH1

Nucleic acid molecules encoding hH1 are isolated and purified according to general methods well known to those skilled in the art, and in particular, by the method set forth 10 in Gellens, et al., Proc. Natl. Acad. Sci. USA, 1992, 89, 554-558, incorporated herein by reference. Briefly, a size selected and random-primed adult human cardiac cDNA library constructed in $\lambda ZAPII$ (Stratagene) is screened with cDNA probes corresponding to nucleotides 1-4385 and 15 5424-7076 derived from the rat muscle TTX-I isoform (rSkM2), as set forth in Kallen, et al., *Neuron*, 1990, 4, 233-242, incorporated herein by reference. Hybridizations are performed at 42° C. for 18 hours in 50% formamide, 5×SSPE, 5× Denhardt's solution, 0.1% SDS/salmon sperm 20 DNA, random primed ³²P-labeled probe. Filters are washed with 6× standard saline citrate, 0.1% SDS at 65° C. Plaque purified clones are rescued as pBluescript phagemids and sequenced as described in Kallen, et al., *Neuron*, 1990, 4, 233-242. A full-length hH1 construct is made in pBluescript 25 by sequential ligation of S14 EcoR1-Sac II (nt +1 to +252), C75 Sac II-KpnI (nt +253 to +4377), and C92 KpnI-EcoR1 (nt +4378 to +8491) fragments and the full length insert is moved into a modified pSP64T vector, as set forth in White, et al., Mol. Pharmacol., 1991, 39, 604-608, incorporated 30 herein by reference. Nucleotides -151 to -8 of the 5' untranslated region are deleted from the construct using exonuclease III and mung bean nuclease, as set forth in White, et al., Mol. Pharmacol., 1991, 39, 604-608.

Alternatively, cDNA for hH1 may be prepared from fresh 35 cardiac tissue. Briefly, total cellular RNA is isolated and purified (Chomczynsky, et al., Anal. Biochem., 1987, 162, 156-159) from heart tissue, obtained from cardiac transplantation donors, or from salvaged tissue, and selected for poly(A) RNA (Sambrook et al., Molecular Cloning: A 40 Laboratory Manual, Second Ed. Cold Spring Harbor Press (1989), pp. 7.26-7.29). cDNA corresponding to the hH1 sodium channel protein is prepared from the poly(A) cardiac RNA by reverse transcription using a GENEAMPTM PCR kit (Perkin Elmer Cetus, Norwalk, Conn.), or the like, using 45 random hexamers according to the manufacturer's instructions. The specific hH1 nucleic acid molecules are amplified by the polymerase chain reaction (PCR), also using the GENEAMPTM PCR kit, or the like, using forward and reverse primers specific for hH1 according to the manufac- 50 turer's instructions. For example, the forward primer for cloning hH1 is preferably 5'-ATGGCAAACTTCCTAT-

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TACCTCGG-3' (SEQ ID NO:3), and the reverse primer is 5'-CACGATGGACTCACGGTCCCTGTC-3' (SEQ ID NO:4). It is understood that additional primers can be used for amplification as determined by those skilled in the art. These primers may be preceded at the 5' terminus by nucleotide sequences containing endonuclease restriction sites for easy incorporation into vectors. The specific ion channel nucleic acid molecules can also be amplified by PCR from human genomic DNA (Stratagene, San Diego, Calif.). After cutting the PCR products with the appropriate restriction endonuclease(s), the PCR products are purified by phenol:chloroform extractions, or using commercial purification kits, such as, for example, MAGICTM Minipreps DNA Purification System (Promega, Madison, Wis.). The specific nucleotide sequence of the PCR products is determined by conventional DNA sequencing procedures, and the identity of the PCR products confirmed by comparison to the published sequences for the ion channel proteins.

Example 2

Insertion of Ion Channel cDNA into Delivery Vehicles

Preferably, ion channel cDNA is inserted into either plasmid or adenoviral vectors. Plasmid vectors include for example, pGEM3 or pBR322, as set forth in Acsadi, et al., *The New Biol.*, 1991, 3, 71-81, and Gal, et al., *Lab. Invest.*, 1993, 68, 18-25. Adenoviral vectors include for example, adenovirus serotype 5, Ad5, as set forth in French, et al., *Circulation*, 1994, 90, 2414-2424, and Johns, *J. Clin. Invest.*, 1995, 96, 1152-1158.

Preferably, the primers used to amplify the ion channel nucleic acid molecules are designed with unique endonuclease restriction sites located at the 5' terminus. In the absence of such design, polylinker arms, containing unique restriction sites, can be ligated thereto. After cutting the purified PCR products with the appropriate restriction endonuclease(s), the plasmid vector, comprising a polylinker, is also cut with the same restriction endonuclease(s), affording the ion channel nucleic acid molecule a site at which to ligate. In a similar manner, recombinant adenovirus (Gluzman, et al., in *Eukaryotic Viral Vectors*, Gluzman, ed., Cold Spring Harbor Press, 1982, pp.187-192, French, et al., Circulation, 1994, 90, 2414-2424, and Johns, J. Clin. Invest., 1995, 96, 1152-1158) containing ion channel cDNA molecules are prepared in accordance with standard techniques well known to those skilled in the art.

It is contemplated that variations of the above-described invention may be constructed that are consistent with the spirit of the invention.

SEQUENCE LISTING

- (1) GENERAL INFORMATION:
 - (iii) NUMBER OF SEQUENCES: 12
- (2) INFORMATION FOR SEQ ID NO: 1:
 - (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 6048 bases
 - (B) TYPE: nucleic acid

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		•	,	rani pol(douk ear	ole							
	(x:	i) SI	EQUEI	NCE I	DESCI	RIPT	ION:	SEQ	ID 1	10: :	1 :				
	GCA														
Met 1	Ala	Asn	Phe	Leu 5	Leu	Pro	Arg	GIY	Thr 10	Ser	Ser	Phe	Arg	Arg 15	
	ACA														
Pne	Thr	Arg	GIU	20	ьeu	Ala	Ala	тте	25	гув	Arg	мес	АТА	30	
	CAA														
пув	Gln	АТА	Arg	35	ser	1111	1111	цец	40	GIU	ser	Arg	GIU	45	
	CCC Pro														
пец	110	Giu	GIU	50	AIG	rio	Arg	rio	55	пец	дар	пец	GIII	60	
	AAA Lys														
201	_, ~	-, -	204	65	1121	204	-1-	017	70			0211	010	75	
	GGA Gly														
	1			80		-		•	85		2			90	
	ACT Thr														
				95				_	100					105	
	GCC Ala											_			
				110					115					120	
	AGA Arg								_						
				125					130					135	
	ATC Ile			Thr			_		Cys		_		_	Gln	
G 7 G	C A C	G G III	GG 7	140	шаа	7 CC	3 3 C	m 3 m	145	G 7 G	ша с	7 CC	mma	150	
	GAC Asp														
GCC	ATT	ሞ	∆CC		GAG	ጥሮጥ	ርጥር	GTC		∆ייי	ርጥር	CCT	CGA		
	Ile														
TTC	TGC	CTG	CAC		TTC	ACT	TTC	СТТ		GAC	CCA	TGG	AAC		
	Cys														
CTG	GAC	ттт	AGT	GTG	ATT	ATC	ATG	GCA	TAC	ACA	ACT	GAA	TTT	GTG	630
Leu	Asp	Phe	Ser	Val 200	Ile	Ile	Met	Ala	Tyr 205	Thr	Thr	Glu	Phe	Val 210	
GAC	CTG	GGC	AAT	GTC	TCA	GCC	TTA	CGC	ACC	TTC	CGA	GTC	CTC	CGG	675
Asp	Leu	Gly	Asn	Val 215	Ser	Ala	Leu	Arg	Thr 220	Phe	Arg	Val	Leu	Arg 225	
	CTG														
Ala	Leu	гуз	Thr	11e 230		val	тте	ser	Gly 235	ьeu	гла	Thr	шe	Val 240	
	GCC														
σтλ	Ala	ьeu	тте	G1n 245	ser	val	пув	пув	ьеи 250	нта	нар	val	met	va1 255	
	ACA Thr														
cu		. 41	_ 110	260	u	UI	. 41	_ 110	265	u		y		270	
	TTC Phe														
			4			J		-	-		J				

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-continued	
275 280 285	
GCG CTC AAC GGC ACC AAC GGC TCC GTG GAG GCC GAC GGC TTG GTC Ala Leu Asn Gly Thr Asn Gly Ser Val Glu Ala Asp Gly Leu Val	900
TGG GAA TCC CTG GAC CTT TAC CTC AGT GAT CCA GAA AAT TAC CTG Trp Glu Ser Leu Asp Leu Tyr Leu Ser Asp Pro Glu Asn Tyr Leu 305 310 315	945
CTC AAG AAC GGC ACC TCT GAT GTG TTA CTG TGT GGG AAC AGC TCT Leu Lys Asn Gly Thr Ser Asp Val Leu Leu Cys Gly Asn Ser Ser 320 325 330	990
GAC GCT GGG ACA TGT CCG GAG GGC TAC CGG TGC CTA AAG GCA GGC Asp Ala Gly Thr Cys Pro Glu Gly Tyr Arg Cys Leu Lys Ala Gly 335	1035
GAG AAC CCC GAC CAC GGC TAC ACC AGC TTC GAT TCC TTT GCC TGG Glu Asn Pro Asp His Gly Tyr Thr Ser Phe Asp Ser Phe Ala Trp 350 355 360	1080
GCC TTT CTT GCA CTC TTC CGC CTG ATG ACG CAG GAC TGC TGG GAG Ala Phe Leu Ala Leu Phe Arg Leu Met Thr Gln Asp Cys Trp Glu 365 370 375	1125
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1755

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590 595 600
GTC TCA TTA CTG GGG GCA GGC GAC CCA GAG GCC ACA TCC CCA GGA 1845 Val Ser Leu Leu Gly Ala Gly Asp Pro Glu Ala Thr Ser Pro Gly
605 610 615 AGC CAC CTC CGC CCT GTG ATG CTA GAG CAC CCG CCA GAC ACG 1890
Ser His Leu Leu Arg Pro Val Met Leu Glu His Pro Pro Asp Thr 620 625 630
ACC ACG CCA TCG GAG GAG CCA GGC GCC CCC CAG ATG CTG ACC TCC 1935
hr Thr Pro Ser Glu Glu Pro Gly Gly Pro Gln Met Leu Thr Ser 635 640 645
CAG GCT CCG TGT GTA GAT GGC TTC GAG GAG CCA GGA GCA CGG CAG 1980 Gln Ala Pro Cys Val Asp Gly Phe Glu Glu Pro Gly Ala Arg Gln
650 655 660
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665 670 675 TA GAG GAG TCT CGC CAC AAG TGT CCA CCA TGC TGG AAC CGT CTC 2070
eu Glu Glu Ser Arg His Lys Cys Pro Pro Cys Trp Asn Arg Leu 680 685 690
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la Gln Arg Tyr Leu Ile Trp Glu Cys Cys Pro Leu Trp Met Ser 695 700 705
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710 715 720
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eu Glu His Tyr Asn Met Thr Ser Glu Phe Glu Glu Met Leu Gln 740 745 750
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755 760 765
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770 775 780 GG AAC ATC TTC GAC AGC ATC ATC GTC ATC CTT AGC CTC ATG GAG 2385
rp Asn Ile Phe Asp Ser Ile Ile Val Ile Leu Ser Leu Met Glu 785 790 795
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eu Gly Leu Ser Arg Met Ser Asn Leu Ser Val Leu Arg Ser Phe 800 805 810
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815 820 825
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sn Leu Thr Leu Val Leu Ala Ile Ile Val Phe Ile Phe Ala Val 845 850 855
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860 865 870

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									910 ATT Ile						2790	
									925 AGC Ser						2835	
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				965			J	-	Leu 970 CTG	_			-	975	2970	
Γhr	Thr	Trp	Asp	Phe 980	Cys	Cys	Gly	Leu	Leu 985	Arg	His	Arg	Pro	Gln 990		
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					Thr				GAA Glu 1030	Gly					3105	
					Asp				GTG Val 1045	Cys					3150	
					Thr				GAA Glu 1060	Glu					3195	
					Glu				AAG Lys 1075	Gln					3240	
					Pro				CCG Pro 1090	Asp					3285	
					Thr				GAG Glu 1105	Ala					3330	
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									GAG Glu 1165	Asp					3510	

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		AGC TGG Ser Trp 1205								3645
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		ATC AAG Ile Lys 1235								3735
		TTC GTG Phe Val 1250								3780
 		 AAG TAC Lys Tyr 1265								 3825
		GAC GTC Asp Val 1280								3870
		GAG ATG Glu Met 1295								3915
		CCT CTG Pro Leu 1310	Arg	Ala	Leu		Phe	Glu	Gly	3960
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		CTC TTT Leu Phe 1355								4095
		GAC TTG Asp Leu 1370								4140
	_	GAG TCC Glu Ser 1385				_	_			4185
		GTC AAC Val Asn 1400								4230
		GTG GCA Val Ala 1415								4275
		GAC TCC Asp Ser 1430								4320
 		 TAC ATG Tyr Met 1445								 4365
		TTC ACC								4410

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				GAG CAG Glu Gln 1490									4500	
				AAG CCC Lys Pro 1505									4545	
				TTC ATA Phe Ile 1520									4590	
	_	_	_	ATG TTT Met Phe 1535		_				_	_		4635	
				GAT GAC Asp Asp 1550									4680	
				CTG CTC Leu Leu 1565									4725	
				GCT GCC Ala Ala 1580			_						4770	
				GAC TTC Asp Phe 1595									4815	
				GAC ATC Asp Ile 1610									4860	
	_			ATC CGC Ile Arg 1625		_				_			4905	
				GCC AAG Ala Lys 1640									4950	
				CCT GCC Pro Ala 1655									4995	
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				GAG GCT Glu Ala 1685									5085	
				AGC ATG Ser Met 1700									5130	
				GGC CTC Gly Leu 1715									5175	
				CCC ACT Pro Thr 1730									5220	
				CCA GCC Pro Ala 1745									5265	
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	GAG GCC ACT CAG TTT ATT Glu Ala Thr Gln Phe Ile 1805		r
	GAC GCC CTG TCT GAG CCA Asp Ala Leu Ser Glu Pro 1820		0
	AGC CTC ATC AAC ATG GAC Ser Leu Ile Asn Met Asp 1835		У
	CAT TGC ATG GAC ATT CTC His Cys Met Asp Ile Leu 1850		g
	GAG TCT GGG GAG ATG GAC Glu Ser Gly Glu Met Asp 1865		t
	TTC ATG GCA GCC AAC CCA Phe Met Ala Ala Asn Pro 1880		u
	ACC ACA CTC CGG CGC AAG Thr Thr Leu Arg Arg Lys 1895	_	a
	CAG AGA GCC TTC CGC AGG Gln Arg Ala Phe Arg Arg 1910	_	r
_	GCC TCC TTC CGT Ala Ser Phe Leu Phe Arg 1925		У
	GAG GAT GCC CCT GAG CGA Glu Asp Ala Pro Glu Arg 1940		r
	GAG AAC TTC TCC CGA CCC Glu Asn Phe Ser Arg Pro 1955		r
	TCC TCC ACT TCC TTC CCA Ser Ser Thr Ser Phe Pro 1970		1
	ACC AGC GAT AAC CTC CAG Thr Ser Asp Asn Leu Gln 1985		r
	GAA GAT CTC GCC GAC TTC Glu Asp Leu Ala Asp Phe 2000		g
GAC CGT GAG Asp Arg Glu			6048

(2) INFORMATION FOR SEQ ID NO: 2:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 2016 amino acids
 - (B) TYPE: amino acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: unknown

	(x:	i) SI	EQUEI	ICE I	DESCI	RIPT	ON:	SEQ	ID 1	10: 2	2:			
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Leu	Pro	Glu	Glu				_	Pro			_	Leu		Ala 60
Ser	Lys	Lys	Leu	Pro 65	Asp	Leu	Tyr	Gly	Asn 70	Pro	Pro	Gln	Glu	Leu 75
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Ser	Ala	Thr	Asn	Ala 110	Leu	Tyr	Val	Leu	Ser 115	Pro	Phe	His	Pro	Val 120
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Leu	Ile	Met	Cys	Thr 140	Ile	Leu	Thr	Asn	Cys 145		Phe	Met	Ala	Gln 150
His	Asp	Pro	Pro	Pro 155	Trp	Thr	Lys	Tyr	Val 160	Glu	Tyr	Thr	Phe	Thr 165
Ala	Ile	Tyr	Thr	Phe 170	Glu	Ser	Leu	Val	Lys 175	Ile	Leu	Ala	Arg	Ala 180
Phe	Cys	Leu						Leu	_	_		_		Trp 195
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Asp	Leu	Gly	Asn	Val 215	Ser	Ala	Leu	Arg	Thr 220	Phe	Arg	Val	Leu	Arg 225
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Gly	Ala	Leu	Ile	Gln 245	Ser	Val	Lys	Lys	Leu 250	Ala	Asp	Val	Met	Val 255
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Gln	Ala	Thr	Ile	Ala 425	Glu	Thr	Glu	Glu	Lys 430	Glu	Lys	Arg	Phe	Gln 435	
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Arg	Gly	Val	Asp	Thr 455	Val	Ser	Arg	Ser	Ser 460	Leu	Glu	Met	Ser	Pro 465	
Leu	Ala	Pro	Val	Asn 470	Ser	His	Glu	Arg	Arg 475	Ser	Lys	Arg	Arg	Lys 480	
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Arg	Gly	Ser	Ile	Phe 530	Thr	Phe	Arg	Arg	Arg 535	Asp	Leu	Gly	Ser	Glu 540	
Ala	Asp	Phe	Ala	Asp 545	Asp	Glu	Asn	Ser	Thr 550	Ala	Arg	Glu	Ser	Glu 555	
Ser	His	His	Thr	Ser 560	Leu	Leu	Val	Pro	Trp 565	Pro	Leu	Arg	Arg	Thr 570	
Ser	Ala	Gln	Gly	Gln 575	Pro	Ser	Pro	Gly	Thr 580	Ser	Ala	Pro	Gly	His 585	
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Val	Ser	Leu	Leu	Gly 605	Ala	Gly	Asp	Pro	Glu 610	Ala	Thr	Ser	Pro	Gly 615	
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Leu	Glu	Glu	Ser	Arg 680	His	Lys	Сув	Pro	Pro 685	Сув	Trp	Asn	Arg	Leu 690	
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Leu	Thr	Ile	Thr	Met 725	Сув	Ile	Val	Leu	Asn 730	Thr	Leu	Phe	Met	Ala 735	
Leu	Glu	His	Tyr	Asn 740	Met	Thr	Ser	Glu	Phe 745	Glu	Glu	Met	Leu	Gln 750	
Val	Gly	Asn	Leu	Val 755	Phe	Thr	Gly	Ile	Phe 760	Thr	Ala	Glu	Met	Thr 765	
Phe	Lys	Ile	Ile	Ala 770	Leu	Asp	Pro	Tyr	Tyr 775	Tyr	Phe	Gln	Gln	Gly 780	

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Asn	Leu	Thr	Leu	Val 845	Leu	Ala	Ile	Ile	Val 850	Phe	Ile	Phe	Ala	Val 855
Val	Gly	Met	Gln	Leu 860	Phe	Gly	Lys	Asn	Tyr 865	Ser	Glu	Leu	Arg	Asp 870
Ser	Asp	Ser	Gly	Leu 875	Leu	Pro	Arg	Trp	His 880	Met	Met	Asp	Phe	Phe 885
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Leu	Ala	Leu	Ala	Arg 965	Ile	Gln	Arg	Gly	Leu 970	Arg	Phe	Val	Lys	Arg 975
Thr	Thr	Trp	Asp	Phe 980	Cys	Cys	Gly	Leu	Leu 985	Arg	His	Arg	Pro	Gln 990
Lys	Pro	Ala	Ala	Leu 995	Ala	Ala	Gln	Gly	Gln 1000		Pro	Ser	Cys	Ile 1005
Ala	Thr	Pro	Tyr	Ser 1010		Pro	Pro	Pro	Glu 1015		Glu	Lys	Val	Pro 1020
Pro	Thr	Arg	Lys	Glu 1025		Gln	Phe	Glu	Glu 1030	_	Glu	Gln	Pro	Gly 1035
Gln	Gly	Thr	Pro	Gly 1040	_	Pro	Glu	Pro	Val 1045	-	Val	Pro	Ile	Ala 1050
Val	Ala	Glu	Ser	Asp 1055	Thr	_	Asp	Gln	Glu 1060		Asp	Glu	Glu	Asn 1065
Ser	Leu	Gly	Thr	Glu 1070		Glu	Ser	Ser	Lys 1075		Gln	Glu	Ser	Gln 1080
Pro	Val	Ser	Gly	Trp 1085		Arg	Gly	Pro	Pro 1090	_	Ser	Arg	Thr	Trp 1095
Ser	Gln	Val	Ser	Ala 1100		Ala	Ser	Ser	Glu 1105		Glu	Ala	Ser	Ala 1110
Ser	Gln	Ala	Asp	Trp 1115	_	Gln	Gln	Trp	Lys 1120		Glu	Pro	Gln	Ala 1125
Pro	Gly	Cys	Gly	Glu 1130		Pro	Glu	Asp	Ser 1135	_	Ser	Glu	Gly	Ser 1140
Thr	Ala	Asp	Met	Thr 1145		Thr	Ala	Glu	Leu 1150		Glu	Gln	Ile	Pro 1155
Asp	Leu	Gly	Gln	Asp 1160		Lys	Asp	Pro	Glu 1165	_	Cys	Phe	Thr	Glu 1170

Gly	Cys	Val	Arg	Arg Cys 1175			Cys	Ala Val 1180	Asp	Thr	Thr	Gln 1185
Ala	Pro	Gly	Lys	Val Trp 1190	Trp	Arg	Leu	Arg Lys 1195	Thr	Сув	Tyr	His 1200
Ile	Val	Glu	His	Ser Trp 1205	Phe	Glu	Thr	Phe Ile 1210	Ile	Phe	Met	Ile 1215
Leu	Leu	Ser	Ser	Gly Ala 1220	Leu	Ala	Phe	Glu Asp 1225	Ile	Tyr	Leu	Glu 1230
Glu	Arg	Lys	Thr	Ile Lys 1235	Val	Leu	Leu	Glu Tyr 1240	Ala	Asp	Lys	Met 1245
Phe	Thr	Tyr	Val	Phe Val 1250	Leu	Glu	Met	Leu Leu 1255	Lys	Trp	Val	Ala 1260
Tyr	Gly	Phe	Lys	Lys Tyr 1265	Phe	Thr	Asn	Ala Trp 1270	Сув	Trp	Leu	Asp 1275
Phe	Leu	Ile	Val	Asp Val 1280	Ser	Leu	Val	Ser Leu 1285	Val	Ala	Asn	Thr 1290
Leu	Gly	Phe	Ala	Glu Met 1295	Gly	Pro	Ile	Lys Ser 1300	Leu	Arg	Thr	Leu 1305
Arg	Ala	Leu	Arg	Pro Leu 1310	Arg	Ala	Leu	Ser Arg 1315		Glu	Gly	Met 1320
Arg	Val	Val	Val	Asn Ala 1325	Leu	Val	Gly	Ala Ile 1330	Pro	Ser	Ile	Met 1335
Asn	Val	Leu	Leu	Val Cys 1340	Leu	Ile	Phe	Trp Leu 1345	Ile	Phe	Ser	Ile 1350
Met	Gly	Val	Asn	Leu Phe 1355		_	Lys	Phe Gly 1360	Arg	Сув	Ile	Asn 1365
Gln	Thr	Glu	Gly	Asp Leu 1370	Pro	Leu	Asn	Tyr Thr 1375	Ile	Val	Asn	Asn 1380
Lys	Ser	Gln	Cys	Glu Ser 1385	Leu	Asn	Leu	Thr Gly 1390	Glu	Leu	Tyr	Trp 1395
Thr	Lys	Val	Lys	Val Asn 1400	Phe	Asp	Asn	Val Gly 1405	Ala	Gly	Tyr	Leu 1410
Ala	Leu	Leu	Gln	Val Ala 1415	Thr	Phe	Lys	Gly Trp 1420	Met	Asp	Ile	Met 1425
Tyr	Ala	Ala	Val	Asp Ser 1430	Arg	Gly	Tyr	Glu Glu 1435	Gln	Pro	Gln	Trp 1440
Glu	Tyr	Asn	Leu	Tyr Met 1445	_		Tyr	Phe Val 1450	Ile	Phe	Ile	Ile 1455
Phe	Gly	Ser	Phe	Phe Thr 1460	Leu	Asn	Leu	Phe Ile 1465	Gly	Val	Ile	Ile 1470
Asp	Asn	Phe	Asn	Gln Gln 1475	-	Lys	Lys	Leu Gly 1480	Gly	Gln	Asp	Ile 1485
Phe	Met	Thr	Glu	Glu Gln 1490	Lys	Lys	Tyr	Tyr Asn 1495	Ala	Met	Lys	Lys 1500
Leu	Gly	Ser	Lys	Lys Pro 1505	Gln	Lys	Pro	Ile Pro 1510	Arg	Pro	Leu	Asn 1515
Lys	Tyr	Gln	Gly	Phe Ile 1520	Phe	Asp	Ile	Val Thr 1525	Lys	Gln	Ala	Phe 1530
Asp	Val	Thr	Ile	Met Phe 1535	Leu	Ile	Сув	Leu Asn 1540	Met	Val	Thr	Met 1545
Met	Val	Glu	Thr	Asp Asp 1550	Gln	Ser	Pro	Glu Lys 1555	Ile	Asn	Ile	Leu 1560
Ala	Lys	Ile	Asn	Leu Leu	Phe	Val	Ala	Ile Phe	Thr	Gly	Glu	Cys

	1565		1570				1575
Ile Val Lys Leu	Ala Ala Leu 1580	Arg His	Tyr Tyr 1585	Phe	Thr .	Asn	Ser 1590
Trp Asn Ile Phe	Asp Phe Val 1595	Val Val	Ile Leu 1600	Ser	Ile	Val	Gly 1605
Thr Val Leu Ser	Asp Ile Ile 1610	Gln Lys	Tyr Phe 1615	Phe	Ser	Pro	Thr 1620
Leu Phe Arg Val	Ile Arg Leu 1625	_	-	_			Arg 1635
Leu Ile Arg Gly	Ala Lys Gly 1640	Ile Arg	Thr Leu 1645	Leu	Phe .	Ala	Leu 1650
Met Met Ser Leu	Pro Ala Leu 1655	Phe Asn	Ile Gly 1660	Leu	Leu	Leu	Phe 1665
Leu Val Met Phe	Ile Tyr Ser 1670	Ile Phe	Gly Met 1675	Ala	Asn	Phe	Ala 1680
Tyr Val Lys Trp	Glu Ala Gly 1685	Ile Asp	Asp Met 1690	Phe	Asn	Phe	Gln 1695
Thr Phe Ala Asn	Ser Met Leu 1700	Cys Leu	Phe Gln 1705	Ile	Thr	Thr	Ser 1710
Ala Gly Trp Asp	Gly Leu Leu 1715	Ser Pro	Ile Leu 1720	Asn	Thr	Gly	Pro 1725
Pro Tyr Cys Asp	Pro Thr Leu 1730	Pro Asn	Ser Asn 1735	Gly	Ser .	Arg	Gly 1740
Asp Cys Gly Ser	Pro Ala Val 1745	Gly Ile	Leu Phe 1750	Phe	Thr	Thr	Tyr 1755
Ile Ile Ile Ser	Phe Leu Ile 1760		Asn Met 1765	_			Ile 1770
Ile Leu Glu Asn	Phe Ser Val 1775	Ala Thr	Glu Glu 1780	Ser	Thr	Glu	Pro 1785
Leu Ser Glu Asp	Asp Phe Asp 1790	Met Phe	Tyr Glu 1795	Ile	Trp	Glu	Lys 1800
Phe Asp Pro Glu	Ala Thr Gln 1805	Phe Ile	Glu Tyr 1810	Ser	Val	Leu	Ser 1815
Asp Phe Ala Asp	Ala Leu Ser 1820	Glu Pro	Leu Ile 1825	Arg	Ala	Lys	Pro 1830
Asn Gln Ile Ser	Leu Ile Asn 1835	Met Asp	Leu Pro 1840	Met	Val	Ser	Gly 1845
Asp Arg Ile His	Cys Met Asp 1850	Ile Leu	Phe Ala 1855	Phe	Thr	Lys	Arg 1860
Val Leu Gly Glu	Ser Gly Glu 1865	Met Asp	Ala Leu 1870	ГÀЗ	Ile	Gln	Met 1875
Glu Glu Lys Phe	Met Ala Ala 1880	Asn Pro	Ser Lys 1885	Ile	Ser	Tyr	Glu 1890
Pro Ile Thr Thr	Thr Leu Arg 1895	Arg Lys	His Glu 1900	Glu	Val	Ser	Ala 1905
Met Val Ile Gln	Arg Ala Phe 1910	Arg Arg	His Leu 1915	Leu	Gln .	Arg	Ser 1920
Leu Lys His Ala	Ser Phe Leu 1925	Phe Arg	Gln Gln 1930	Ala	Gly	Ser	Gly 1935
Leu Ser Glu Glu	Asp Ala Pro 1940	Glu Arg	Glu Gly 1945	Leu	Ile .	Ala	Tyr 1950
Val Met Ser Glu	Asn Phe Ser 1955	Arg Pro	Leu Gly 1960	Pro	Pro	Ser	Ser 1965

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Ser	Ser	Ile	Ser	Ser 1970		Ser	Phe	Pro	Pro 1975		Tyr	Asp	Ser	Val 1980	
Thr	Arg	Ala	Thr	Ser 1985	_	Asn	Leu	Gln	Val 1990	_	Gly	Ser	Asp	Tyr 1995	
Ser	His	Ser	Glu	Asp 2000		Ala	Asp	Phe	Pro 2005		Ser	Pro	Asp	Arg 2010	
Asp	Arg	Glu	Ser	Ile 2015											
(2)	INF	ORMAT	rion	FOR	SEQ	ID 1	1 0 : 3	3:							
	(i)	(Z (E (C	QUENC A) LE B) TY C) ST O) TO	ENGTI PE: PRANI	H: 24 nucl	l bas Leic ESS:	ses ació sino	i.							
	(x:	L) SI	EQUEI	ICE I	ESCI	RIPTI	ON:	SEQ	ID N	10: 3	3:				
ATGO	GCAAZ	ACT :	CCTA	ATTAC	CC TO	CGG									24
(2)	INFO	ORMA:	CION	FOR	SEQ	ID 1	10 : 4	ł:							
	(i)	(Z (E	QUENC A) LE B) TY C) ST O) TO	ENGTI (PE : [RANI	H: 24 nucl	l bas Leic ESS:	ses acid sing	i.							
	(x:	,	EQUEI					SEQ	ID N	10: 4	l :				
CACC	GATGO	GAC :	CACC	GTC	CC TO	GTC									24
(0)	T3757				a a a	·		_							
(2)	(i)		CION QUENC		_										
	(-)	(]	4) LE 3) TY	ENGTI	H: 30	069 k	oases	3							
		•	C) S7 O) T(ole							
	(x:	L) SI	EQUEI	ICE I	ESCI	RIPTI	ON:	SEQ	ID N	10: 5	5:				
			GGG Gly												45
			ССТ												
	GIU	Gln	Glu				GGC Glu								90
	ATG	GAT		Asp 20 CTG	Lys AAG	Lys AAA	Glu GAA	Lys	Lys 25 TCT	Glu ATG	Lys GAT	Lys GAT	Asp CAT	Arg 30 AAA	90
Asp	ATG Met AGC	GAT Asp	Glu GAA	Asp 20 CTG Leu 35 GAA	Lys AAG Lys CTT	Lys AAA Lys CAT	Glu GAA Glu CGT	Lys GTT Val	Lys 25 TCT Ser 40	Glu ATG Met GGA	Lys GAT Asp	Lys GAT Asp	Asp CAT His	Arg 30 AAA Lys 45 AGC	
Asp CTT Leu CGG	ATG Met AGC Ser	GAT Asp CTT Leu	Glu GAA Glu	Asp 20 CTG Leu 35 GAA Glu 50	Lys AAG Lys CTT Leu	Lys AAA Lys CAT His	Glu GAA Glu CGT Arg	Lys GTT Val Lys GCT	Lys 25 TCT Ser 40 TAT Tyr 55 GAG	Glu ATG Met GGA Gly	Lys GAT Asp ACA Thr	Lys GAT Asp GCG	Asp CAT His Leu	Arg 30 AAA Lys 45 AGC Ser 60	135
Asp CTT Leu CGG Arg	ATG Met AGC Ser GGA Gly	GAT Asp CTT Leu AAC	Glu GAA Glu Asp	Asp 20 CTG Leu 35 GAA Glu 50 TCT Ser 65	Lys AAG Lys CTT Leu ACT	Lys AAA Lys CAT His CGT Arg	Glu GAA Glu CGT Arg	Lys GTT Val AAA Lys GCT Ala	Lys 25 TCT Ser 40 TAT Tyr 55 GAG Glu 70	Glu ATG Met GGA Gly ATC Ile	Lys GAT Asp ACA Thr CTG Leu	Lys GAT Asp GCG Ala GAA	Asp CAT His CGA Arg	Arg 30 AAA Lys 45 AGC Ser 60 GAT Asp 75	135

ATT GGA GCG ATT CTT TGT TTC TTG GCT TAT AGC ATC CAA GCT GCT

Ile Gly Ala Ile Leu Cys Phe Leu Ala Tyr Ser Ile Gln Ala Ala 110 115 120	
ACA GAA GAG GAA CCT CAA AAC GAT AAT CTG TAC CTG GGT GTG GTG 405 Thr Glu Glu Pro Gln Asn Asp Asn Leu Tyr Leu Gly Val Val	
125 130 135 CTA TCA CCC CTT CTA ATC ATA ACT CCT TCC TCC	
CTA TCA GCC GTT GTA ATC ATA ACT GGT TGC TTC TCC TAC TAT CAA 450 Leu Ser Ala Val Val Ile Ile Thr Gly Cys Phe Ser Tyr Tyr Gln 140 145 150	
GAA GCT AAA AGT TCA AAG ATC ATG GAA TCC TTC AAA AAC ATG GTC 495	
Glu Ala Lys Ser Ser Lys Ile Met Glu Ser Phe Lys Asn Met Val 155 160 165	
CCT CAG CAA GCC CTT GTG ATT CGA AAT GGT GAG AAA ATG AGC ATA 540 Pro Gln Gln Ala Leu Val Ile Arg Asn Gly Glu Lys Met Ser Ile	
170 175 180	
AAT GCG GAG GAA GTT GTG GTT GGG GAT CTG GTG GAA GTA AAA GGA 585 Asn Ala Glu Glu Val Val Val Gly Asp Lue Val Glu Val Lys Gly 185 190 195	
GGA GAC CGA ATT CCT GCT GAC CTC AGA ATC ATA TCT GCA AAT GGC 630	
Gly Asp Arg Ile Pro Ala Asp Leu Arg Ile Ile Ser Ala Asn Gly 200 205 210	
TGC AAG GTG GAT AAC TCC TCG CTC ACT GGT GAA TCA GAA CCC CAG 675 Cys Lys Val Asp Asn Ser Ser Leu Thr Gly Glu Ser Glu Pro Gln	
215 220 225	
ACT AGG TCT CCA GAT TTC ACA AAT GAA AAC CCC CTG GAG ACG AGG 720 Thr Arg Ser Pro Asp Phe Thr Asn Glu Asn Pro Leu Glu Thr Arg 230 235	
AAC ATT GCC TTC TTT TCA ACA AAT TGT GTT GAA GGC ACC GCA CGT 765	
Asn Ile Ala Phe Phe Ser Thr Asn Cys Val Glu Gly Thr Ala Arg 245 250 255	
GGT ATT GTT GTC TAC ACT GGG GAT CGC ACT GTG ATG GGA AGA ATT 810 Gly Ile Val Val Tyr Thr Gly Asp Arg Thr Val Met Gly Arg Ile	
260 265 270	
GCC ACA CTT GCT TCT GGG CTG GAA GGA GGC CAG ACC CCC ATT GCT 855 Ala Thr Leu Ala Ser Gly Leu Glu Gly Gly Gln Thr Pro Ile Ala 275 280 285	
GCA GAA ATT GAA CAT TTT ATC CAC ATC ACG GGT GTG GCT GTG 900	
Ala Glu Ile Glu His Phe Ile His Ile Ile Thr Gly Val Ala Val 290 295 300	
TTC CTG GGT GTG TCT TTC TTC ATC CTT TCT CTC ATC CTT GAG TAC 945 The Leu Gly Val Ser Phe Phe Ile Leu Ser Leu Ile Leu Glu Tyr	
305 310 315	
ACC TGG CTT GAG GCT GTC ATC TTC CTC ATC GGT ATC ATC GTA GCC 990 Thr Trp Leu Glu Ala Val Ile Phe Leu Ile Gly Ile Ile Val Ala	
320 325 330 AAT GTG CCG GAA GGT TTG CTG GCC ACT GTC ACG GTC TGT CTG ACA 1035	
Asn Val Pro Glu Gly Leu Leu Ala Thr Val Thr Val Cys Leu Thr 335 340 345	
CTT ACT GCC AAA CGC ATG GCA AGG AAA AAC TGC TTA GTG AAG AAC 1080 Leu Thr Ala Lys Arg Met Ala Arg Lys Asn Cys Leu Val Lys Asn	
350 355 360	
TTA GAA GCT GTG GAG ACC TTG GGG TCC ACG TCC ACC ATC TGC TCT 1125 Leu Glu Ala Val Glu Thr Leu Gly Ser Thr Ser Thr Ile Cys Ser	
365 370 375 GAT AAA ACT GGA ACT CTG ACT CAG AAC CGG ATG ACA GTG GCC CAC 1170	
Asp Lys Thr Gly Thr Leu Thr Gln Asn Arg Met Thr Val Ala His 380 385 390	
ATG TGG TTT GAC AAT CAA ATC CAT GAA GCT GAT ACG ACA GAG AAT 1215	
Met Trp Phe Asp Asn Gln Ile His Glu Ala Asp Thr Thr Glu Asn	

							 con	CTU)	uea	
				AAG Lys						1260
				TGT Cys						1305
				CTT Leu						1350
				AAG Lys						1395
			Arg	AGA Arg						1440
 		 		 TAC Tyr		 				1485
				CAC His						1530
 		 		 TGC Cys		 	 			1575
	_			GAG Glu						1620
				CTC Leu						1665
_				GAA Glu						1710
				TTC Phe						1755
			Met	GAC Asp	Pro	Arg				1800
				AGT Ser						1845
		_		ACA Thr						1890
				ATG Asn						1935
				AGC Ser						1980
			_	AGT Ser						2025
				AAG Lys						2070
				AAG Lys						2115

		-	
-con	tι	nued	

CAA A Gln A GAC I Asp S ATT G Ile A CTG G Leu A	Arg TCT Ser GCT Ala	Gln CCA Pro	Gly GCT Ala TCA	Ala 710 TTG Leu 725	Ile AAG	Val AAA	Ala						2160
Asp S ATT G	Ser GCT Ala	Pro GGC	Ala TCA	TTG Leu 725			GCA		/15				
Asp S ATT G	Ser GCT Ala	Pro GGC	Ala TCA	Leu 725			GCA					720	
Ile A	Ala GAT			~~									2205
													2250
													2295
CGT C Arg L													2340
ACC A											 	 	2385
GCA A Ala A				CTA	Pro				GTC			ATT	2430
GAC I Asp L				GAC Asp	ATG				ATC Ile			GAG Glu	2475
CAG G Gln A				Asp					Gln			Lys	2520
ACA G Thr A													2565
CAG A Gln I					CAG			GGA		TTC			2610
GTG A Val I					AAC								2655
CTC C Leu A													2700
	5			890			5		895		 	 900	
AGC I Ser I													2745
TTC A			_										2790
TGG G Trp A													2835
CAG C					Asn								2880
GAG A Glu T													2925
GTT G Val A													2970
GCC T Ala P													3015

		-continu	ıed	
	995	1000	1005	
Lys Leu Ile Ile	AGG CGA CGC CCT GGC Arg Arg Pro Gly 1010			
ACC TAC TAT Thr Tyr Tyr			3069	
(2) INFORMATION	FOR SEQ ID NO: 6:			

	TAC Tyr													
(2)	INFO	ORMA:	rion	FOR	SEQ	ID 1	NO: 6	5:						
	(i)	(Z (E	A) LI 3) T	ENGTI (PE : [RANI	H: 10 amir DEDNI	023 a no ao ESS:	sing	o aci	ids					
	(x)	L) SI	EQUEI	ICE I	DESCI	RIPT	ION:	SEQ	ID 1	10: 6	5:			
Met 1	Gly	Lys	Gly	Val 5	Gly	Arg	Asp	Lys	Tyr 10	Glu	Pro	Ala	Ala	Val 15
Ser	Glu	Gln	Glu	Asp 20	Lys	Lys	Glu	Lys	Lys 25	Glu	Lys	Lys	Asp	Arg 30
Asp	Met	Asp	Glu	Leu 35	Lys	Lys	Glu	Val	Ser 40	Met	Asp	Asp	His	Lys 45
Leu	Ser	Leu	Asp	Glu 50	Leu	His	Arg	Lys	Tyr 55	Gly	Thr	Asp	Leu	Ser 60
Arg	Gly	Leu	Thr	Ser 65	Ala	Arg	Ala	Ala	Glu 70	Ile	Leu	Ala	Arg	Asp 75
Gly	Pro	Asn	Ala	Leu 80	Thr	Pro	Pro	Pro	Thr 85	Thr	Pro	Glu	Trp	Ile 90
Lys	Phe	Cys	Arg	Gln 95	Leu	Phe	Gly	Gly	Phe 100	Ser	Met	Leu	Leu	Trp 105
Ile	Gly	Ala	Ile	Leu 110	Cys	Phe	Leu	Ala	Tyr 115	Ser	Ile	Gln	Ala	Ala 120
Thr	Glu	Glu	Glu	Pro 125	Gln	Asn	Asp	Asn	Leu 130	Tyr	Leu	Gly	Val	Val 135
Leu	Ser	Ala	Val	Val 140	Ile	Ile	Thr	Gly	Суs 145	Phe	Ser	Tyr	Tyr	Gln 150
Glu	Ala	Lys	Ser	Ser 155	Lys	Ile	Met	Glu	Ser 160	Phe	Lys	Asn	Met	Val 165
Pro	Gln	Gln	Ala	Leu 170	Val	Ile	Arg	Asn	Gly 175	Glu	Lys	Met	Ser	Ile 180
Asn	Ala	Glu	Glu	Val 185	Val	Val	Gly	Asp	Leu 190	Val	Glu	Val	Lys	Gly 195
Gly	Asp	Arg	Ile	Pro 200	Ala	Asp	Leu	Arg	Ile 205	Ile	Ser	Ala	Asn	Gly 210
Cys	Lys	Val	Asp	Asn 215	Ser	Ser	Leu	Thr	Gly 220	Glu	Ser	Glu	Pro	Gln 225
Thr	Arg	Ser	Pro	Asp 230	Phe	Thr	Asn	Glu	Asn 235	Pro	Leu	Glu	Thr	Arg 240
Asn	Ile	Ala	Phe	Phe	Ser	Thr	Asn	Cys	Val	Glu	Gly	Thr	Ala	Arg

Gly Ile Val Val Tyr Thr Gly Asp Arg Thr Val Met Gly Arg Ile

Ala Thr Leu Ala Ser Gly Leu Glu Gly Gly Gln Thr Pro Ile Ala

Ala Glu Ile Glu His Phe Ile His Ile Ile Thr Gly Val Ala Val

Phe	Leu	Gly	Val	Ser 305	Phe	Phe	Ile	Leu	Ser 310	Leu	Ile	Leu	Glu	Tyr 315
Thr	Trp	Leu	Glu	Ala 320	Val	Ile	Phe	Leu	Ile 325	Gly	Ile	Ile	Val	Ala 330
Asn	Val	Pro	Glu	Gly 335	Leu	Leu	Ala	Thr	Val 340	Thr	Val	Сув	Leu	Thr 345
Leu	Thr	Ala	Lys	Arg 350	Met	Ala	Arg	Lys	Asn 355	Cys	Leu	Val	Lys	Asn 360
Leu	Glu	Ala	Val	Glu 365	Thr	Leu	Gly	Ser	Thr 370	Ser	Thr	Ile	Cys	Ser 375
Asp	Lys	Thr	Gly	Thr 380	Leu	Thr	Gln	Asn	Arg 385	Met	Thr	Val	Ala	His 390
Met	Trp	Phe	Asp	Asn 395	Gln	Ile	His	Glu	Ala 400	Asp	Thr	Thr	Glu	Asn 405
Gln	Ser	Gly	Val	Ser 410	Phe	Asp	Lys	Thr	Ser 415	Ala	Thr	Trp	Leu	Ala 420
Leu	Ser	Arg	Ile	Ala 425	Gly	Leu	Cys	Asn	Arg 430	Ala	Val	Phe	Gln	Ala 435
Asn	Gln	Glu	Asn	Leu 440	Pro	Ile	Leu	Lys	Arg 445	Ala	Val	Ala	Gly	Asp 450
Ala	Ser	Glu	Ser	Ala 455		Leu	Lys	Cys	Ile 460	Glu	Leu	Сув	Сув	Gly 465
Ser	Val	Lys	Glu	Met 470	Arg	Glu	Arg	Tyr	Ala 475	Lys	Ile	Val	Glu	Ile 480
Pro	Phe	Asn	Ser	Thr 485	Asn	Lys	Tyr	Gln	Leu 490	Ser	Ile	His	Lys	Asn 495
Pro	Asn	Thr	Ser	Glu 500	Pro	Gln	His	Leu	Leu 505	Val	Met	Lys	Gly	Ala 510
Pro	Glu	Arg	Ile	Leu 515	Asp	Arg	Cys	Ser	Ser 520	Ile	Leu	Leu	His	Gly 525
Lys	Glu	Gln	Pro	Leu 530	Asp	Glu	Glu	Leu	Lys 535	Asp	Ala	Phe	Gln	Asn 540
Ala	Tyr	Leu	Glu	Leu 545	Gly	Gly	Leu	Gly	Glu 550	Arg	Val	Leu	Gly	Phe 555
Cys	His	Leu	Phe	Leu 560	Pro	Asp	Glu	Gln	Phe 565	Pro	Glu	Gly	Phe	Gln 570
Phe	Asp	Thr	Asp	Asp 575	Val	Asn	Phe	Pro	Ile 580	Asp	Asn	Leu	Cys	Phe 585
Val	Gly	Leu	Ile	Ser 590	Met	Ile	Asp	Pro	Pro 595	Arg	Ala	Ala	Val	Pro 600
Asp	Ala	Val	Gly	Lys 605	Cys	Arg	Ser	Ala	Gly 610	Ile	Lys	Val	Ile	Met 615
Val	Thr	Gly	Asp	His 620	Pro	Ile	Thr	Ala	Lys 625	Ala	Ile	Ala	Lys	Gly 630
Val	Gly	Ile	Ile	Ser 635	Glu	Gly	Asn	Glu	Thr 640	Val	Glu	Asp	Ile	Ala 645
Ala	Arg	Leu	Asn	Ile 650	Pro	Val	Ser	Gln	Val 655	Asn	Pro	Arg	Asp	Ala 660
Lys	Ala	Сув	Val	Val 665	His	Gly	Ser	Asp	Leu 670	Lys	Asp	Met	Thr	Ser 675
Glu	Gln	Leu	Asp	Asp 680	Ile	Leu	Lys	Tyr	His 685	Thr	Glu	Ile	Val	Phe 690

A.	la	Arg	Thr	Ser	Pro 695	Gln	Gln	Lys	Leu	Ile 700	Ile	Val	Glu	Gly	Cys 705
G:	ln	Arg	Gln	Gly	Ala 710	Ile	Val	Ala	Val	Thr 715	Gly	Asp	Gly	Val	Asn 720
A	sp	Ser	Pro	Ala	Leu 725	Lys	Lys	Ala	Asp	Ile 730	Gly	Val	Ala	Met	Gly 735
I	le	Ala	Gly	Ser	Asp 740	Val	Ser	Lys	Gln	Ala 745	Ala	Asp	Met	Ile	Leu 750
L	eu	Asp	Asp	Asn	Phe 755	Ala	Ser	Ile	Val	Thr 760	Gly	Val	Glu	Glu	Gly 765
A:	rg	Leu	Ile	Phe	Asp 770	Asn	Leu	Lys	Lys	Ser 775	Ile	Ala	Tyr	Thr	Leu 780
Tl	hr	Ser	Asn	Ile	Pro 785	Glu	Ile	Thr	Pro	Phe 790	Leu	Ile	Phe	Ile	Ile 795
A.	la	Asn	Ile	Pro	Leu 800	Pro	Leu	Gly	Thr	Val 805	Thr	Ile	Leu	Cys	Ile 810
A	sp	Leu	Gly	Thr	Asp 815	Met	Val	Pro	Ala	Ile 820	Ser	Leu	Ala	Tyr	Glu 825
G:	ln	Ala	Glu	Ser	Asp 830	Ile	Met	Lys	Arg	Gln 835	Pro	Arg	Asn	Pro	Lys 840
Tl	hr	Asp	Lys	Leu	Val 845	Asn	Glu	Arg	Leu	Ile 850	Ser	Met	Ala	Tyr	Gly 855
G:	ln	Ile	Gly	Met	Ile 860	Gln	Ala	Leu	Gly	Gly 865	Phe	Phe	Thr	Tyr	Phe 870
V	al	Ile	Leu	Ala	Glu 875	Asn	Gly	Phe	Leu	Pro 880	Ile	His	Leu	Leu	Gly 885
L	eu	Arg	Val	Asp	Trp 890	Asp	Asp	Arg	Trp	Ile 895	Asn	Asp	Val	Glu	Asp 900
Se	er	Tyr	Gly	Gln	Gln 905	Trp	Thr	Tyr	Glu	Gln 910	Arg	Lys	Ile	Val	Glu 915
Pl	he	Thr	Сув	His	Thr 920	Ala	Phe	Phe	Val	Ser 925	Ile	Val	Val	Val	Gln 930
T	rp	Ala	Asp	Leu	Val 935	Ile	Сув	Lys	Thr	Arg 940	Arg	Asn	Ser	Val	Phe 945
G:	ln	Gln	Gly	Met	Lys 950	Asn	Lys	Ile	Leu	Ile 955	Phe	Gly	Leu	Phe	Glu 960
G:	lu	Thr	Ala	Leu	Ala 965	Ala	Phe	Leu	Ser	Tyr 970	Cys	Pro	Gly	Met	Gly 975
V	al	Ala	Leu	Arg	Met 980	Tyr	Pro	Leu	Lys	Pro 985	Thr	Trp	Trp	Phe	Cys
A.	la	Phe	Pro	Tyr	Ser 995	Leu	Leu	Ile	Phe	Val 1000	-	Asp	Glu	Val	Arg 1005
L	λa	Leu	Ile	Ile	Arg 1010	_	Arg	Pro	Gly	Gly 1015	_	Val	Glu	Lys	Glu 1020
T	hr	Tyr	Tyr												

- (2) INFORMATION FOR SEQ ID NO: 7:
 - (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 909 bases (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: double
 - (C) STRANDEDNESS: dot (D) TOPOLOGY: linear
 - (xi) SEQUENCE DESCRIPTION: SEQ ID NO: 7:

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ATG GCC CGC GGG AAA GCC AAG GAG GAG GGC AGC TGG AAG AAA TTC Met Ala Arg Gly Lys Ala Lys Glu Glu Gly Ser Trp Lys Lys Phe 1 5 10 15	45
ATC TGG AAC TCA GAG AAG AAG GAG TTT CTG GGC AGG ACC GGT GGC Ile Trp Asn Ser Glu Lys Lys Glu Phe Leu Gly Arg Thr Gly Gly 20 25 30	90
AGT TGG TTT AAG ATC CTT CTA TTC TAC GTA ATA TTT TAT GGC TGC Ser Trp Phe Lys Ile Leu Leu Phe Tyr Val Ile Phe Tyr Gly Cys 35 40 45	135
CTG GCT GGC ATC TTC ATC GGA ACC ATC CAA GTG ATG CTG CTC ACC Leu Ala Gly Ile Phe Ile Gly Thr Ile Gln Val Met Leu Leu Thr 50 55 60	180
ATC AGT GAA TTT AAG CCC ACA TAT CAG GAC CGA GTG GCC CCG CCA Ile Ser Glu Phe Lys Pro Thr Tyr Gln Asp Arg Val Ala Pro Pro 65 70 75	225
GGA TTA ACA CAG ATT CCT CAG ATC CAG AAG ACT GAA ATT TCC TTT Gly Leu Thr Gln Ile Pro Gln Ile Gln Lys Thr Glu Ile Ser Phe 80 85 90	270
CGT CCT AAT GAT CCC AAG AGC TAT GAG GCA TAT GTA CTG AAC ATA Arg Pro Asn Asp Pro Lys Ser Tyr Glu Ala Tyr Val Leu Asn Ile 95 100 105	315
GTT AGG TTC CTG GAA AAG TAC AAA GAT TCA GCC CAG AGG GAT GAC Val Arg Phe Leu Glu Lys Tyr Lys Asp Ser Ala Gln Arg Asp Asp 110 115 120	360
ATG ATT TTT GAA GAT TGT GGC GAT GTG CCC AGT GAA CCG AAA GAA Met Ile Phe Glu Asp Cys Gly Asp Val Pro Ser Glu Pro Lys Glu 125 130 135	405
CGA GGA GAC TTT AAT CAT GAA CGA GGA GAG CGA AAG GTC TGC AGA Arg Gly Asp Phe Asn His Glu Arg Gly Glu Arg Lys Val Cys Arg 140 145 150	450
TTC AAG CTT GAA TGG CTG GGA AAT TGC TCT GGA TTA AAT GAT GAA Phy Lys Leu Glu Trp Leu Gly Asn Cys Ser Gly Leu Asn Asp Glu 155 160 165	495
ACT TAT GGC TAC AAA GAG GGC AAA CCG TGC ATT ATT ATA AAG CTC Thr Tyr Gly Tyr Lys Glu Gly Lys Pro Cys Ile Ile Ile Lys Leu 170 175 180	540
AAC CGA GTT CTA GGC TTC AAA CCT AAG CCT CCC AAG AAT GAG TCC Asn Arg Val Leu Gly Phe Lys Pro Lys Pro Pro Lys Asn Glu Ser 185 190 195	585
TTG GAG ACT TAC CCA GTG ATG AAG TAT AAC CCA AAT GTC CTT CCC Leu Glu Thr Tyr Pro Val Met Lys Tyr Asn Pro Asn Val Leu Pro 200 205 210	630
GTT CAG TGC ACT GGC AAG CGA GAT GAA GAT AAG GAT AAA GTT GGA Val Gln Cys Thr Gly Lys Arg Asp Glu Asp Lys Asp Lys Val Gly 215 220 225	675
AAT GTG GAG TAT TTT GGA CTG GGC AAC TCC CCT GGT TTT CCT CTG Asn Val Glu Tyr Phe Gly Leu Gly Asn Ser Pro Gly Phe Pro Leu 230 235 240	720
CAG TAT TAT CCG TAC TAT GGC AAA CTC CTG CAG CCC AAA TAC CTG Gln Tyr Tyr Pro Tyr Tyr Gly Lys Leu Leu Gln Pro Lys Tyr Leu 245 250 255	765
CAG CCC CTG CTG GCC GTA CAG TTC ACC AAT CTT ACC ATG GAC ACT Gln Pro Leu Leu Ala Val Gln Phe Thr Asn Leu Thr Met Asp Thr 260 265 270	810
GAA ATT CGC ATA GAG TGT AAG GCG TAC GGT GAG AAC ATT GGG TAC Glu Ile Arg Ile Glu Cys Lys Ala Tyr Gly Glu Asn Ile Gly Tyr 275 280 285	855
AGT GAG AAA GAC CGT TTT CAG GGA CGT TTT GAT GTA AAA ATT GAA Ser Glu Lys Asp Arg Phe Gln Gly Arg Phe Asp Val Lys Ile Glu 290 295 300	900

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59

285

300

909

GTT AAG AGC Val Lys Ser INFORMATION FOR SEQ ID NO: 8: (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 303 amino acids (B) TYPE: amino acid STRANDEDNESS: single TOPOLOGY: unknown (xi) SEQUENCE DESCRIPTION: SEQ ID NO: 8: Met Ala Arg Gly Lys Ala Lys Glu Glu Gly Ser Trp Lys Lys Phe Ile Trp Asn Ser Glu Lys Lys Glu Phe Leu Gly Arg Thr Gly Gly Ser Trp Phe Lys Ile Leu Leu Phe Tyr Val Ile Phe Tyr Gly Cys 35 40 Leu Ala Gly Ile Phe Ile Gly Thr Ile Gln Val Met Leu Leu Thr 55 50 Ile Ser Glu Phe Lys Pro Thr Tyr Gln Asp Arg Val Ala Pro Pro 75 65 70 Gly Leu Thr Gln Ile Pro Gln Ile Gln Lys Thr Glu Ile Ser Phe 90 Arg Pro Asn Asp Pro Lys Ser Tyr Glu Ala Tyr Val Leu Asn Ile 105 Val Arg Phe Leu Glu Lys Tyr Lys Asp Ser Ala Gln Arg Asp Asp 120 110 115 Met Ile Phe Glu Asp Cys Gly Asp Val Pro Ser Glu Pro Lys Glu 125 Arg Gly Asp Phe Asn His Glu Arg Gly Glu Arg Lys Val Cys Arg 140 150 Phe Lys Leu Glu Trp Leu Gly Asn Cys Ser Gly Leu Asn Asp Glu 160 165 155 Thr Tyr Gly Tyr Lys Glu Gly Lys Pro Cys Ile Ile Ile Lys Leu 170 175 Asn Arg Val Leu Gly Phe Lys Pro Lys Pro Pro Lys Asn Glu Ser 195 185 190 Leu Glu Thr Tyr Pro Val Met Lys Tyr Asn Pro Asn Val Leu Pro 200 205 210 Val Gln Cys Thr Gly Lys Arg Asp Glu Asp Lys Asp Lys Val Gly 225 215 220 Asn Val Glu Tyr Phe Gly Leu Gly Asn Ser Pro Gly Phe Pro Leu 235 240 230 Gln Tyr Tyr Pro Tyr Tyr Gly Lys Leu Leu Gln Pro Lys Tyr Leu 255 245 Gln Pro Leu Leu Ala Val Gln Phe Thr Asn Leu Thr Met Asp Thr 265 260 Glu Ile Arg Ile Glu Cys Lys Ala Tyr Gly Glu Asn Ile Gly Tyr

Val Lys Ser

275

290

280

Ser Glu Lys Asp Arg Phe Gln Gly Arg Phe Asp Val Lys Ile Glu

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(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 24 bases (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear		
(xi) SEQUENCE DESCRIPTION: SEQ ID NO: 9:		
ATGGGGAAGG GGGTTGGACG TGAT	24	
(2) INFORMATION FOR SEQ ID NO: 10:		
 (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 24 bases (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear (xi) SEQUENCE DESCRIPTION: SEQ ID NO: 10: 		
ATAGTAGGTT TCCTTCCA CCCA	24	
 (2) INFORMATION FOR SEQ ID NO: 11: (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 24 bases (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear 		
(xi) SEQUENCE DESCRIPTION: SEQ ID NO: 11:		
ATGGCCCGCG GGAAAGCCAA GGAG	24	
(2) INFORMATION FOR SEQ ID NO: 12: (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 24 bases (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear (xi) SEQUENCE DESCRIPTION: SEQ ID NO: 12:		
	0.4	
GCTCTTAACT TCAATTTTTA CATC	24	

What is claimed is:

- 1. A method to improve the cardiac conduction signal in a patient's heart comprising;
 - selecting a supply of material to be delivered from the group consisting of a DNA encoding an ion channel protein, RNA encoding an ion channel protein, and an ion channel protein; and
 - delivering a therapeutic effective amount of said material to a selected location in the heart of said patient, such that said selected materials delivered improve the cardiac conduction signal.
- 2. The method of claim 1, wherein delivering a therapeutic effective amount of said material to a selected location in the heart of said patient is delivered by means of a catheter.
- 3. The method of claim 2, wherein said catheter is an ₆₀ endocardial catheter.
- 4. The method of claim 2, wherein said catheter is a transvenous catheter.
- 5. The method of claim 2, wherein said catheter further comprises a hollow helical screw-in element.
- 6. The method of claim 2, wherein said catheter has a distal injection element.

- 7. The method of claim 1, wherein said supply of genetic material is provided as a bolus to said selected location.
- 8. The method of claim 1, wherein said selected genetic material is a recombinant nucleic acid molecule encoding the ion channel protein.
- 9. The method of claim 8, wherein said ion channel protein is a sodium channel protein.
- 10. The method of claim 9, wherein sodium channel protein is hH1.
- 11. The method of claim 1, wherein the said delivered genetic materials improves the ability to sense the cardiac signal of said patient's heart.
- 12. The method of claim 1, wherein said delivered genetic material or protein increases the amplitude of the cardiac signal of said patient's head.
- 13. The method of claim 12, wherein the improved ability to sense the cardiac signal is detected by an electrode to attached to a medical device.
- 14. The method of claim 13, wherein said medical device is a pacemaker.

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